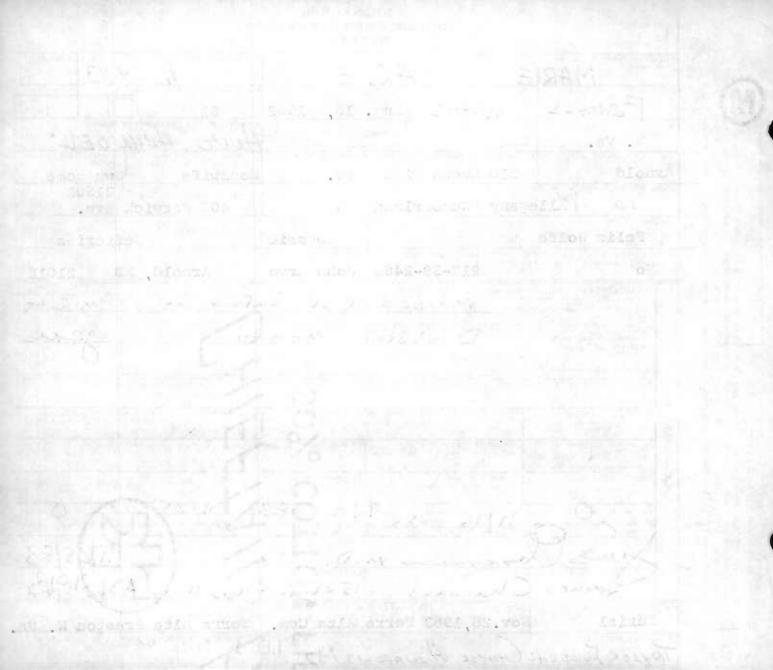
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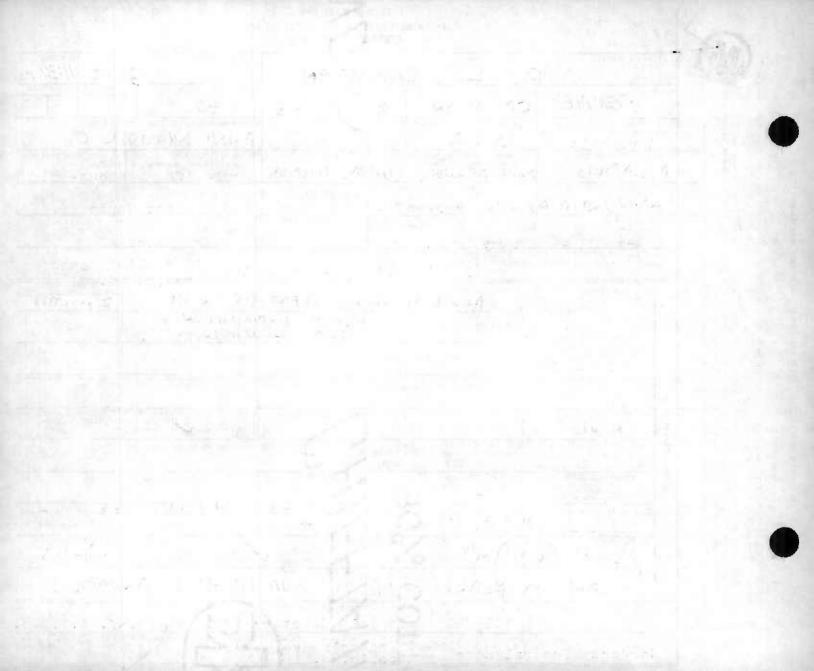


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED 5. DATE OF BIRTH 2c. DATE LAST BIRTHDAY) PRONOUNCED Male White 1983 DEAD 4 1 m OrRS Oct. Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County USA DIVORCED •Maryland WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Autumn Valley Lane Gambrills USUAL RESIDENCE (IE IN NUMSIFIGE OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 910 Autumn Valley Ln. 21054 130. STATE Gambrills 13d. INSIDE CITY LIMITES Anne Arundel Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Baker Shirley Jean Averett, Jr. Deward John 166 SOCIAL SECURITY NO MAS DECEASED EVER IN U.S. ARMED FORCESS (YES, NO OR UNKNOWN) Shirley & John Averett, 910 Autumn Valley Ln., 21054 No 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BUR YES | NO X E 3 SHOULD BE I 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 71. PLACE OF INJURY (AT HOME, 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an ond in my opinian death resulted Iram: Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) ADDRESS 695 America Court 21035 William P. Jones, M.D. 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Balto.Co. Poplar Grove Cem. 11/10/83 Phoenix, Burial BP 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** 10 W. Padonia Rd. Lawson, (VR A15 ME (5)) 15M 2/80

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Annapolis, Md

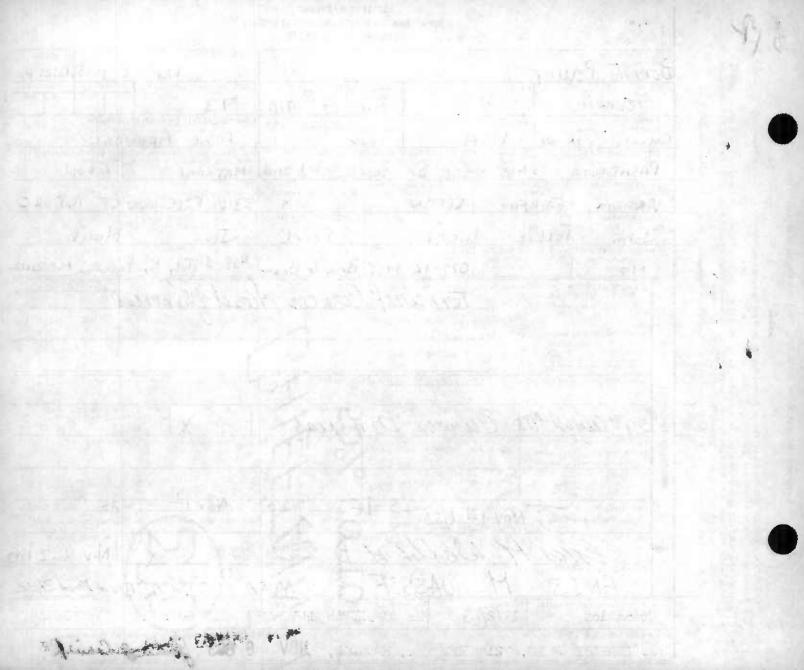
(VRA 15, 4)



				STATE OF MARYLAND	9 9	3 3
	1.	FOR	DEPARTA	IENT OF HEALTH AND MENTAL HY	GIENE & O	J 33 654
MAIL	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1 DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
, 0 00 6 4		ORPRINT) ARTHU	R William	RAVER	11	-16-83 355P
					11	1 M
4 may ar, pog after de	3. SE	X 410	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age ecto		NATE	Uhite	Tune 9, 1902	181	RS.
direct hours	7a. B	RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COL	INTY OF DEATH
death.			IISA	MARRIED NEVER MARRIED WIDOWED DIVORCED		rundel MD.
	10. C	ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION	17b. KIND OF BUSINESS OR
offer of with the fact of the control of the contro	10	massalve 10	(IF NOT IN SUCH FACILITY, GIVE STREET,	ADDRESS)	TYPE OF WORK FOR MOST OF WORK	
1201 in by # ie filed	USD	AL RESIDENCE (IF NURSING HOME OR OTH	MOR HOUNDE	L'ENEVAL HOSPILE	VOttice Manag	er Hulo Hgency
filled in ould be		STATE 136 COUNTY	13 CITY OR TOW		13e STREET ADDRESS A ZIP C	CODE
AND 24 h n 24 h hould hould	1	ND HA	Honap		1154 Porte	r Drive 21401
RYLA within within within within	14 F	ATHER'S NAME	DIE LAST.	15. MOTHER'S MAIDEN N	AME _ MIDDLE	. \$ LAST .
MARYLAND 2120 red within 24 hours mpletely filled in b and 2 should be fill exominer must be n	1	rank Cra	nin Bakk	r Lattie	May	Hancett
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BALTIMORE, cate be execut siction and coppers. Pages 1 val. ', the medical	- (	YES NOOR UNKNOWN) (IF YES, GIVE W	ARORDATES) D14-5-	Obt 1 Mangaret	TBaker	#13
- D Ovi u	-		41.100	The said	1. Oction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
v ST., BAL		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y: A A D : O	A ARREST		BETWEEN ONSET AND DEATH
ST.		IMMEDIATE C	AUSE (a)	2 MAL SI		O MINUOIES
0 4 5000		4100	DUE TO, OR AS A CONSEQUE	NCE OF	1 1500	1 1 1/2 100
ESTO death attend ove co dion, o		Conditions, if any, which	(b) /TEV/E	INYOCHTE VIAL	WFARETIO	W 1100K
d the se		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
2 0 7 0	100	underlying couse lost.	(e)			
20 9 9 10 1		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
signife to bu	Z					
RECORDS.  Ilaw requii  os been sig eermit. Ther ee prior to b	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED
	S.F.				YES NO INC	ERTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)
VITAL R N: The I nysicion. icate hos roansit pe Hygiene 118 shows		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71r HOW IN JURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR	LEMIER MATORE OF MAJORIT MATERIA	10 / 20/ 10/ 20/ 20/
SICIA ng pl certif certif henolit	N N	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISIG Or otten After thise os the I althond marked o	1	AL WORK AT WORK				
O O O E		220.1 certify that (1) (this hospital)	attended the deceased from_	CO 12219.5	7,10 ///	2, 19 3, that (we) lost
R ATTEN haspitol IRECTOR hed for up ept. of He		sow the secure inlive on_	the boule of death.	3, and that is (my) (our) opinion	n death accurred on the sate and	d hour and from the causes stated
hospined them		77h ANATURA	the bout gree geath.	DEGREE		72c DATE SIGNED
0 5 0 50 7		12 NIIII 1 1	100 110	ATTENDING	MEDICAL STAFF	11/17/03
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0 € 5 € 3 ₹	23a.	BURIAL, CREMATION, REMOVAL	73b. DATE 23c.1	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COMMIY SMILE
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DHMH - 16 50M 4/83		UNERAL DIRECTOR	, , , ,	25a D		GISTRAR'S SIG JATURE
(VRA 15, 4)	11	autor Finena	1 Chapple A.	ungoolis WIJNUV	2 1 900	my wanty

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,	450	DECEASED NAME FIRST			MIDDLE LAST				20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR	
	1 13/11	Do	194114	uer							Nov	2, 1983	
	ge ecto	3. SE	Female		4. RACE		S. DATE		# 1910	6. AGE LINYEAR	S LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	h. Po	70. B	RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUN	MARRI	ED NEVER	MARRIED -	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
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RYL	A 2 sh	M.F.	THER'S NAME		MIDDLE	LAS	16	15. MOTHE	R'S MAIDEN NAA		MIDDLE		AST
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RDS, 201 W. PRESTON ST.	equires that the death certification is a signed by the attending plots that the price or constant in the burial, cremation, or remainjury, or other troumatic eve	NOI	Conditions, if ony, gove rise to imm cause (a), storing underlying couse	which rediote g the lost.	(b) DUE TO, O (c)	PR AS A CON	SEQUENCE OF	T NOT RELATE	ED TO THE TERMI	NAL DISEASE C	DR CONDITION (		(0)
AL RECO	on. hos bee t permit. ene prio	CERTIFICATION	29 DATE OF OPERAT	ist-19	79 COND	ance	A PO	NC LL	ORMED	YES N	10 X IN CER	YES, WERE FINDI TIFYING CAUSES YES [	INGS USED S OF DEATH?
OF VITA	CIAN: T physici prificate of-transi ntol Hygi		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	1		H DAY YEAR	21c. HOW	INJURY OCCURR	D (ENTER NATUR	E OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
DIVISION OF VITAL RECORDS,	ottending ottending ter this ce s the buri	MEDICAL	21d. IN JURY OCCURR  WHILE NOT WHI AT WORK AT WOR	ED	21e PLACE	OF INJURY	OFFICE, FARM ETC )	211. LOCAT			SITY OR TOWN	COUNTY	STATE
٥	TTENDIN pital or TOR: Af for use o of Health		22a I certify that (1) saw the decease above, (1) (v/e) (d					and that in (m	y) ( or) opinion d	_, to _\(\lambda_0\) eath accurred o	in the date and h		, that (I) (we) last e causes stated
•	TAL OR A by the bosy the bosy RAL DIREC detoched fore Dept.		27b. SIGNATURE	us	H.	lax	Up n	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN D	Nove	mber 7,198
	HOSPIT Point by O FUNER Hould be o		27d. PHYSICIAN'S NA	5	M.	WA	SSIF	21e. ADDR	SONOK	A Dr	. PASAJ	ENAM	rd 21122
799	1999 BP 9		Burial, CREMATION, I Cremation	REMOVAL	11/2/	83			CREMATOI	23d LOCATION ALL	ON EXANDRIA	COUNTWIE	RGINIA <sup>TE</sup>
	DHMH - 16 50M 4/82	24 F	JNERAL DIRECTOR			ADD	DRESS _		41414	REC'D. BY REG	ISTRAP 256. REG	ISTRAR'S SIGNA	TURE
	(VRA 15, 4)		J. BERKLEY	GREE	N, 721	ELDEN	ST., HEI	RNDON,	VINUV	C TOU		The Labor	MA

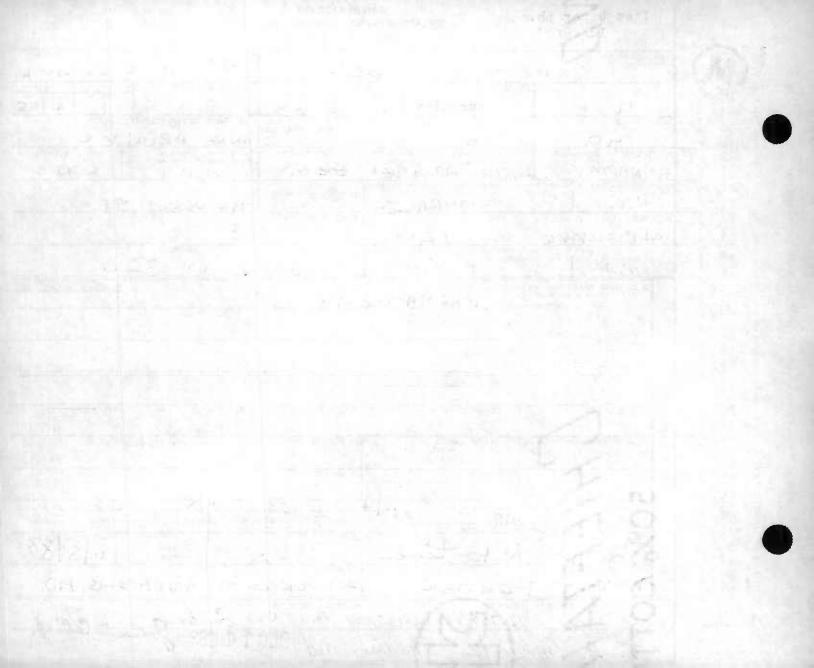


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Hy /	1-	STATE REGISTRAR	DEF		ICATE OF DEATH	REG. NO.	. 0 3	5 6
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONT		2b. HOUR
y be deot		William		Behr		Nov.	14, 1983	м
. ao	3. SEX	Male	4 RACE White	5. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
1110		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8	□ NEVER MARRIED □	9. BALTIMORE CITY OR CO		
Le La		Md.	USA	WIDOWE		Anne Arunde	1	MD.
	-0	y or town of DEATH Carvel Beach	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE 120 (arvel Be		21226	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ACTURES T	RKING LIFE) 18.4 INDUSTR	& Hall
		L RESIDENCE (IF NUMBERS HOWERS	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	120 CIDEET ADDRESS		04006
A in X	10.51	Md. Anne	e Arundel (anv	rel Beach			each Rd.	21226
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND and PHYSICIAN. The low requires that the death certificate be executed within the offending physician and completely illied in the burial-transit permit. Then please remove carbon papers. Page A and 2 shell that and Mental Hygiene prior to burial, cremation, or removal. as the burial Hygiene prior to burial, cremation, or removal. acked or them 18 one aim injury, or other travmatic event, the medical examiner.	7	THER'S NAME Augustus	Behn	iens	15. MOTHER'S MAIDEN NA Margaret	E. MIDDLE	Unk	AST
MORE,	16a. W (Y	(AS DECEASED EVER IN U.S. AR, es, no or unknown) (IF YES, GIVE	MED FORCES? 166 SOCIAL 213-14	SECURITY NO.	17 INFORMANT Mildred Cull	en 410 Baldwin	Pak. Dr.	21157
BALTI. sicion spers. val.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b		1 1 1	10 . 00		DXIMATE INTERVAL N ONSET AND DEATH
ST., B.		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (0)	Line all	rect. perb	bly 2 HSCV	0.	
STON tendin re carb on, ar		Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF				
the de the other company semantics.		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONS	EQUENCE OF				
01 W. P that the d by the lease refriol, crem		underlying couse lost.	(c)	COULTED OF				
RDS, 20	Z	PART 2. OTHER SIGNIFICANT C		G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 1	1(01
been mit. The prior to	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	Y AS PERFORMED	200 AUTOPSY? 20b	. IF YES, WERE FIND	INGS USED
ALRE he lo ion. i has if peri	TIFIC			-	0	YES NO	CERTIFYING CAUSE YES []	NO [
SICIAN: The pay physicia certificate be ental Hygie ental Hygie ltem 18		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIQUID A AA AACANTII	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	TEM 18, PART 1 OR PART 2)	
SION OF VIT PHYSICIAN: ending physicians this certifico the buriol-trand d Americal Hy d or them 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION			
DIVISIC DING PH or after thise as the k oith and a	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
G O H S O E		220 I certify that (I) (this hespe sow the deceased alive on	. 10 1 1.		, 1980	deoth occurred on the date of	V -	, that (I) (he) lost
OR ATTEN Ge haspital DIRECTOR, sched for u Dept. of He		obove, (1) (w) (od) (did no	t) view the body offer deoth.	4 /	DEGREE	deom occorred on the dote of		TE SIGNED
		melyn	uls		A P ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 14	115/83
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reto TO Sho with	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
ВР		Burial	11-16-83	Glen Ha		Wen Burnie	A.A.	Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	AA	INERAL DIRECTOR	Home 3204 Mol	ss tain R	d 21122 NOV	TE REC'D. BY REGISTRAR 256.1	REGISTRAR'S SIGNA	ATURE
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	1.	Item 4 per ph. STATE 12/29/83	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IÈNE S	28535
		REGISTRAR  CEASED NAME FIRST CORPRINT)  Gaby	Boy	BELL BELL		O. MONTH DAY YEAR 26. HOUR 11 5 83 430 A
oge 4 mo	3 SE	n	Caucasion	5. DATE OF BIRTH MONTH DAY YEAR 11 4 8 3	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
deoth. P		COUNTRY)	CITIZEN OF WHAT COUNTRY?	*MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	ANNE A	PUNDE M
by the	A	NNAPOLIS I	NENOT IN SUCH FACILITY, GIVE STREET	IDEL GEN.	128. USUAL OCCUPATI (TYPE OF WORK FOR MOST C	ION OF WORKING LIFE) 12b. KIND OF BUSINESS OF INDUSTRY
in 24 hor should be should be enabled in	130	N.Y.	HER INSTITUTION, GIVE RESIDENCE BEFORE  131. CITY OR TOW   CONTROL   CONTROL  CONTROL   CONTROL		130. STREET ADDRESS	COTI ST 9999
complete	د	HEISTOPHER	S. BEL	FIRST	JA MIDDLE	LAST
be exected an and control s. Pages		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		IRITY NO. 17. INFOMMANT	SE NY	13210  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death certific signed by the attending phen please remove carbanp to burial, cremaition, or remaining, or other traumatic even rijury, or other traumatic even	NO	PART 1. DEATH WAS CAUSED E IMMEDIATE OF STATE OF	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)		INAL DISEASE OR CON	DITION GIVEN IN PART 1101
he low re on. hos been t permit. I ene prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SiCIAN: The may physicio certificate brial-transit ental Hygie frem 18 sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCURE 19	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
affer this of the bulk of the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F		CITY OR TO	OWN COUNTY STATE
ATTENDII spital or CTOR: A Ifor use of Health		220. I certify that (I) (this haspital saw the deceased alive an above (1) (wey (did) (did nat) v	) attended the deceased fram  19.2  view the bady after death.		death accurred an the d	ate and hour and from the causes stated
TALOR A the how the house a detoched detoched into Dept.		226 SIGNATURE DE SUIT	N. Fortu		MEDICAL STAI DIRECTOR PHYSIC	FF 122c. DATE SIGNED 3
O HOSPI TO FUNE TO FUNE TO FUNE TO FUNE TO FUNE		DW GHT F	FORTHER			NAPOLIS, MD.
19999	C	BURIAL, CREMATION, REMOVAL (SPECIFY) CPAA 410 UNERAL DIRECTOR	CA-0 /	les thew Men PK	23d. LOCATION/ Barryn	To Samuel Control
DHMH = 16 50M 4/82 (VRA 15, 4)	24 1	A. HAR	desty- ADDRESSH	WHANKS Md DEL	R C 2484989RAR	Programme P

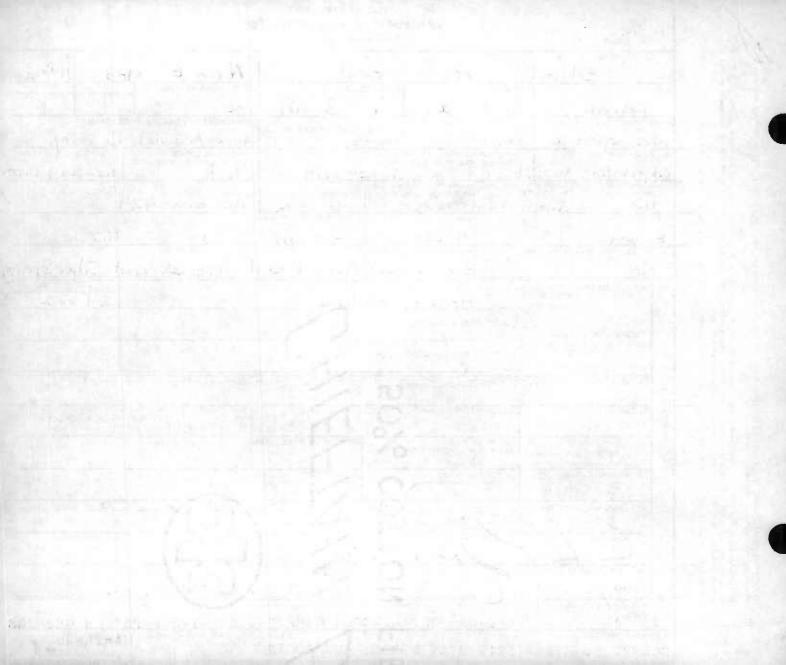
STATE OF MARYLAND



	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	3 3 0
		CEASED NAME FIRST EHEL	MIDDLE	Rell	20. DATE OF DEATH MONTH	183 1145 A
	3. SE		4. RACE	IS. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	Causasian	MONTH DAY YEAR 3 1897	86 YRS.	MONTHS DAYS HOURS MIN.
1/11		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		A BALTIMORE CITY OR COLINT	Y OF DEATH
P /		achington, DC.	U.S.	WIDOWED DIVORCED		County M
1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING )	126. KIND OF BUSINESS O
E/		genater, MDA	Pleasant Living	Convalescent	Clerk	Treasury De
犯	13a.	STATE DESCRIPTION OF THE COUNTY OF THE COUNT	0 01 -10	N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS P.O. BOX 42	29 2/6/9
Z/Z	14. F	ATHER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
\$/C		irnest	Hazen	Evelyn	M.	ALLEN
medica		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	10.10	ADDRESS	1 01 . 5.
E		No	578-32-		21 11715 Leona	
t,		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and 8Y:	Le ilure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ic eve	139	4799 IMMEDIATI		tallure		Z 1 FR 3-
neso		Conditions, if any, which	DUE TO, OR AS A CONSEOU	ENCE OF		
e tro		gave rise to immediate cause (a), stating the	DUSTO OF ALL CONTROL	SUCE OF		
othe		underlying couse last	DUE TO, OR AS A CONSEQUE	INCE OF		
o Ann	2	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION G	VEN IN PART III
16	IFICATION	19s DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20s. AUTOPSY? 20s. SF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
17	I				YES NO Y	E5 NO 🗆
# G	CERT	ON CONTRIBUTING CAUSE OF DEAL	216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 716 HOW INJURY OCCU	RRED TENTER NATURE OF MUNICIPALITIES IS	PART ( OR PART 2)
1/	1CA	FETHER, NOTEY MEDICAL EXAMINER	P.M.	79 ZH. LOCATION		
5	MEDIC	214 INJURY OCCURRED	THE PLACE OF INJURY		CITY OF TOWN	COUNTY STATE
and		AT WORK AT WORK		Tune 8 10 83	to 000. 6	19_83 that (I) (we) fa
2	20	yow the deceased place on.		9-19	n death occurred on the date and ha	
1 2	65	276 SIGNATURE	view the body offer death	DEGREE")	A make the last	77L DATE SIGNED
. 8	20	6	1 Space	MI ATTENDING	MEDICAL STAFF	
MPORTAN		THE PHYSICIAN SMAME THE CO	HINTI OF	714 ADDRESS	and reconstruction that is not reconstructed	The state of the s
PORT.	180	JON B. LOWE	//	77 WEST S	T. ANNAPOLIS.	MD.
31	23a.	BURIAL CREMATION, REMOVAL	ZIE DATE ZIC	NAME OF CEMETERY OR CREMATORY		COUNTY STATE
	E	URIAL	11-9-83 FORT	LINCOLN CEMETE	RY BRENTWOOD	PRINCE GEORGI
/82		UNERAL DIRECTOR	- ADDRESS-	25e. 0-	ATE REC D. BY REGISTRARIES BEGS	MARYTAND.
	RC	BERT E. EVANS	S 1212 WEST S	TREET ANNAPOLIS	V 6 0 1903 200	my bluck

(VRA 15, 4)

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ÈNE
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DEPARTA	IENT OF HEALTH AND MENTAL HYG	IÈNE 🧀 🔾	0 7		
	CERTIFICATE OF DEATH	REG. NO.		E	ST
MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOU	R
CROCKETT	BERRY	NOVEMBER 25	, 1983	652	AM
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HR5
White	Dec. 6, 1921	61 yrs.	MONTHS DAYS	HOURS	MIN.
ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
ISA	WIDOWED DIVORCED	ANNE ARUNDE	L COUNT	Y	MD.
ME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  LEYPE OF WORK FOR MOST OF WORKING I	12b. KIND O		
	HOSPITAL	Electrican	Wester	r Ele	ect.

#		FOR		DEPARTA		E OF MARYLAND JEALTH AND MENTAL HYG	in 2 8	)	3 4		
	11.	- STATE REGISTRAR		DEI ARTI		ICATE OF DEATH	REG. NO.			ES'	T
1.		CEASED NAME FIRST		MIDDLE	i.	AST	20. DATE OF DEATH MO	ONTH D	DAY YEAR	26. HOUR	A
1	Lines	DAVI	) (	CROCKETT	BERRY		NOVEMBER	25,	1983	652	AM
	3. SE	X	4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	_	IF UNDER I YEAR	IF UNDER 24	MIN.
		Male	Whi	te	Dec	6, 1921	61	YRS.			
Juce.		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH		
30		W. Va.	USA		WIDOWE		A 10 10 10 10 10 10 10 10 10 10 10 10 10	UNDEL		Y	MD.
Por L	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN THEACHITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATION  LEVE OF WORK FOR MOST OF W		12b. KIND O	F BUSINES	SOR
VI.	100000	GLEN BURNIE	NORTH	ARUNDEL		ITAL	Clectrican		Wester	r Clei	ct.
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU		D3CCITY OR TOW	N	13d. Inside City Limits?	8177 Bookin	Ave.	2112	2	
e o	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		AND A LAS	т	
200		William	۸.	Berry		Minnie			Web5		
the medicol		WAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (IF YES, G	RMED FORCES?	166. SOCIAL SECU	RITY NO.	Lucille Ber	ADDRESS				
e m		YES, NOOR UNKNOWN) (IF YES, O	13 6		MATE INTERVA						
other troumotic event		Conditions, if ony, which gove rise to immediate couse (a), storting the underlying couse lost.	DUE TO, O	AR dio R AS A CONSEQUE R AS A CONSEQUE		norsey,	ARRIST				
lury, or	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  METASTATIC CANCINGMA									
2 Auo shous	CERTIFICATION	190 DATE OF OPERATION	19b. COND PR	ITION FOR WHICH	WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF				YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \) NO \( \)		
morked or Item 18 sh	MEDICAL CER	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (#EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	EATH HOUR A. ER) P. 21e. PLACE	M. MONTH DA	19	211. LOCATION STREET	CITY OR TOWN		COUNTY	STA	LTE.
Hem 21 is mo		22a. I certify that (1) (the has saw the deceased alive a above, (1) and shall idea. 22a. SKENATURE	101	hele 19	r3_, or	nd that in (my) (ext) opinion of DEGREE	, to	ond hour			
PORTANT: #		THE PHYSICIAN NAME ITTE	Samuel AS	mr.	ym	122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL  5 HOSPITAL DI		1/-0	15-1	3
MPO -		RAYMOND HE	ZINGER 1	M.D.		GLEN BUR			061		

CLEN PUT 230 BURIAL, CREMATION, REMOVAL (SPECY) 23b DATE Glen Haven Mem. Park

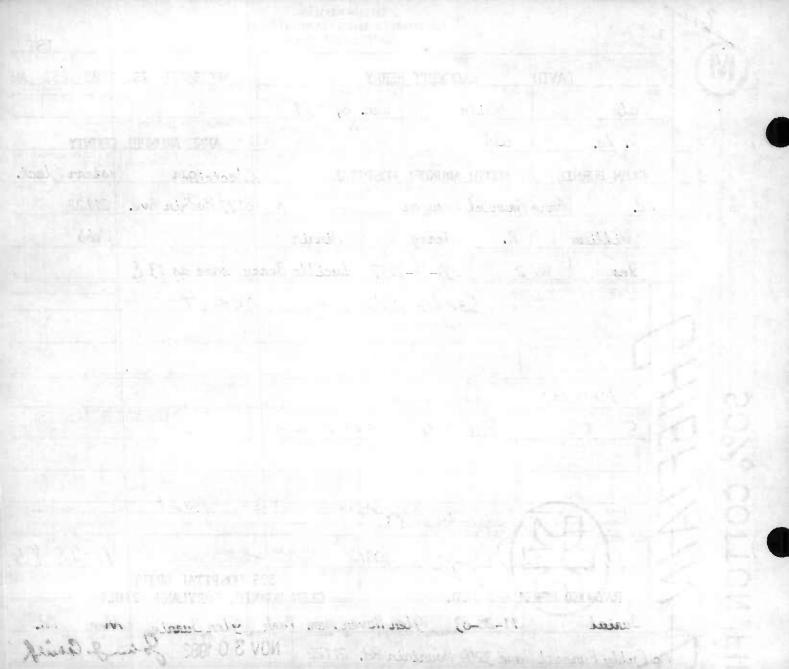
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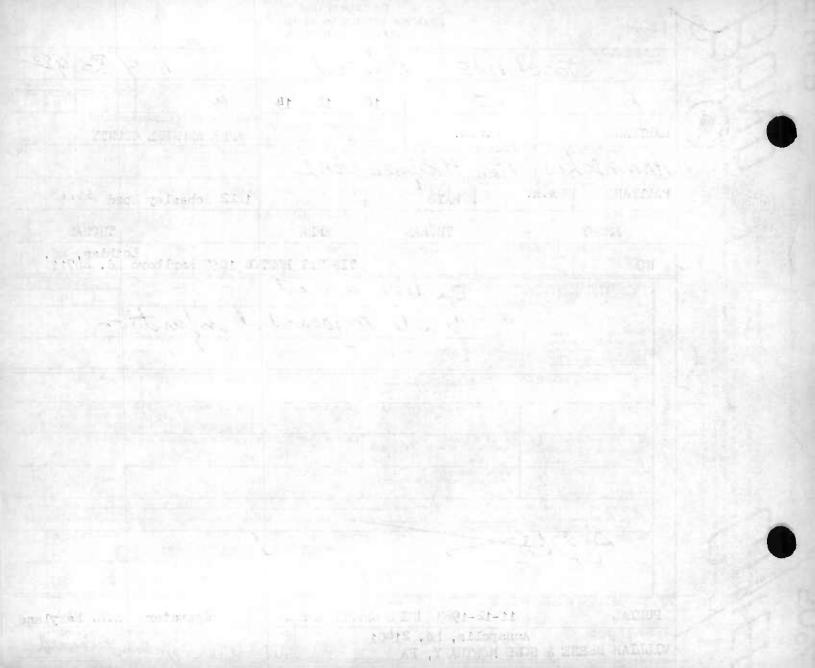


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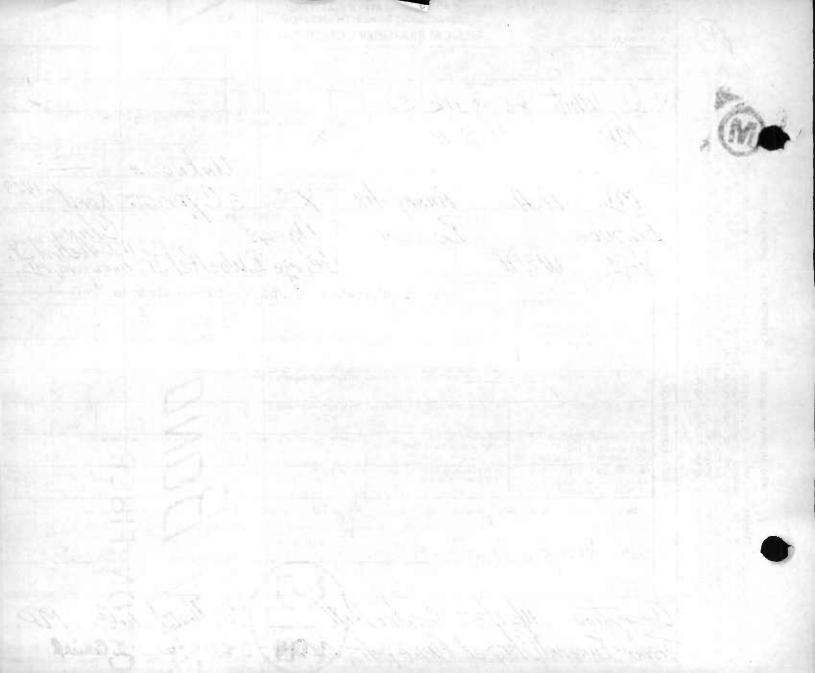
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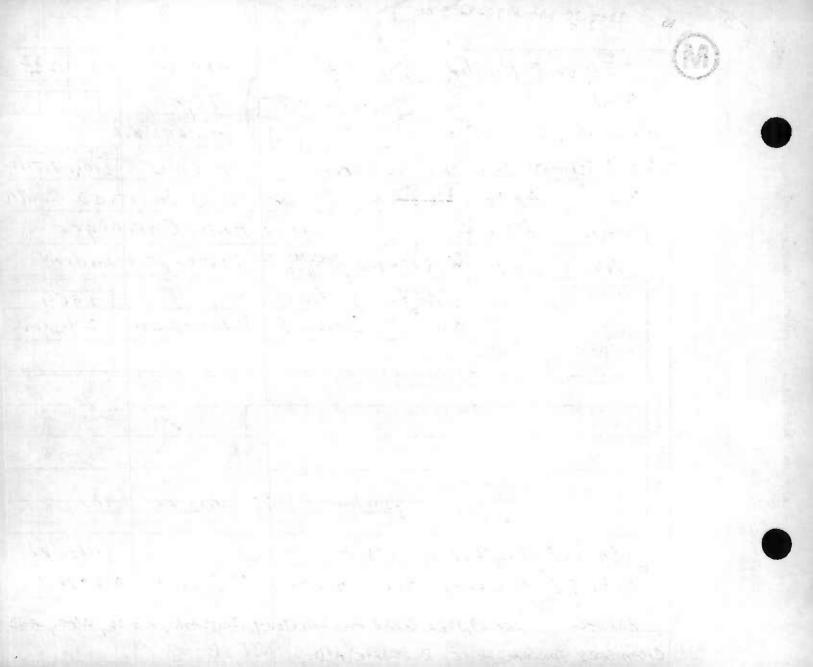
STATE OF MARYLAND

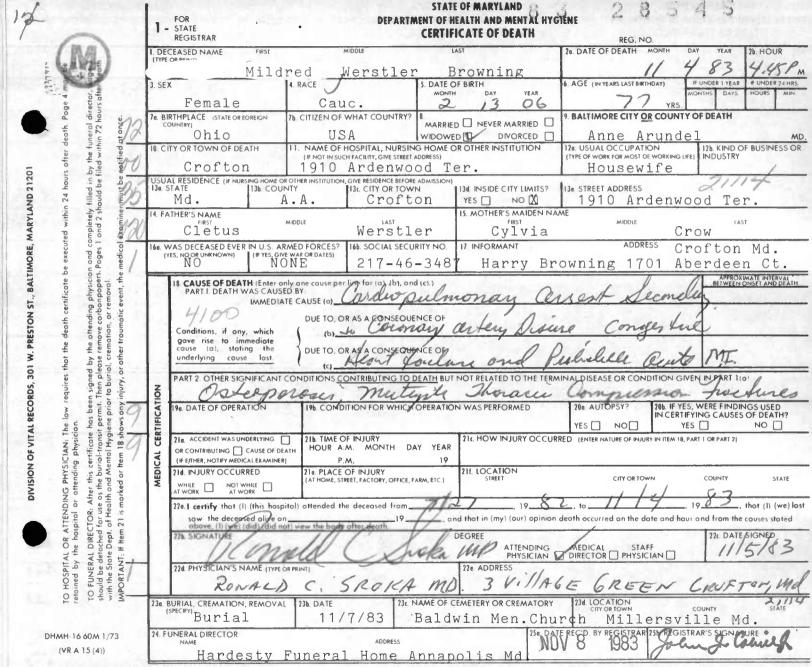


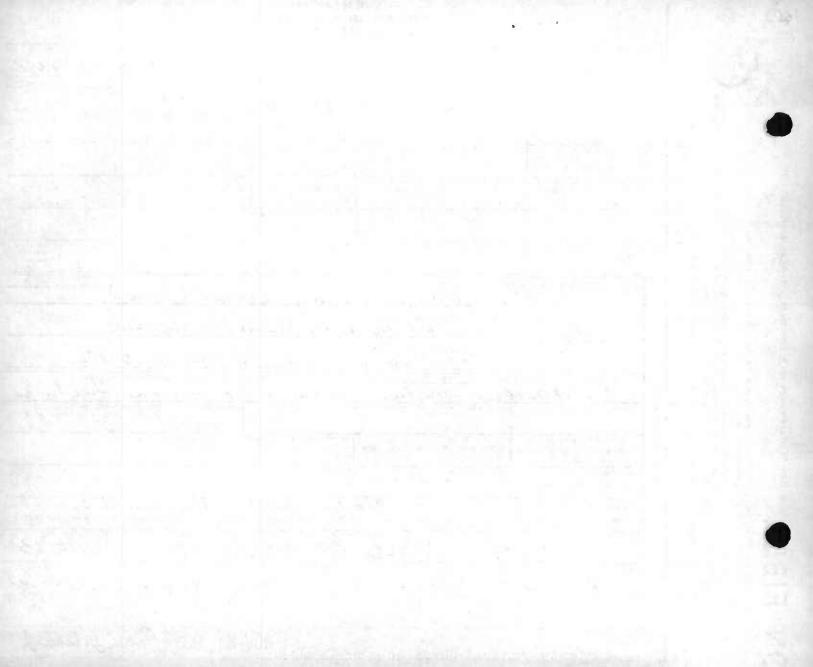
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W.Y)	1.	STATE REGISTRAR	MEDICAL EXAM	MINER'S CERTIFICATE	OF DEATH REG. NO.	
		CEASED NAME ' FIRST	WIDDIE	LAST	20. DATE KNOWN T MON	NIH DAY YEAR 26. HOUR
8002-	ITY	PE OR PRINT) Franc	is X.	Bowen	OF ESTI-	1 23 <sub>19</sub> 83
ACHOR	3. SE		DATE OF BIRTH 6. AGE	(IN YEARS IF UNDER 1 YR. IF UND		1 141
A 150 X	M	ale White	Der. 18 1925 5	HOURS YRS.	MIN. PRONOUNCED DEAD	1 24 1983 12:5
The same of the sa		IRTHPLACE JISTATE OR	E CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	9. BALTIMORE CITY OR CO	
THE STATE OF		OREIGN MD	11. S.A.	A		del County, MD
	10. C	ITY OR FOWN OF DEATH	II. NAME OF HOSPITAL, NURSING I	HOME, OR OTHER INSTITUTION	12a USUAL OCCUBATION TYPE OF WO	ORK 17b. KIND OF BUSINESS OR INDUSTRY
PAR PAR	1 7	Annapolis /	3 Cypress Ro		FOR MOST OF WORKING LIFE)	OR INDUSTRY
0.652	JSU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSIONY		D 121402
ANY D ANY D AND 3 RETAIN PROUD PROUD	38.	MD A	Q. PANAL	WN 134. INSIDE CITY LIMITS	3 CVDress	KORd
WESSELL MD	14. F.	AFHER'S NAME	MIDDLE LAST	15. MOTHER'S MA	IDEN NAME MIDDLE	0/1457
	1 .	Service	Sowe	N Hand	25	ChINA
BALTIMORE GIVE PAGES GIVE PAGES TITH FORM P PAGES 1 RN WISSON QE	ide.	WAS DECEASED EVER IN U.S. ARME			O I ID ADDRESS //	CAlberthed St.
BALTIM RES AFTER S. GIVE PA WITH FOIL DIVISION		yes win	14	George	S. Woelte Jr. A.	vunnls.MD.
DE 120 170		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST TITHIN 24 HO CIL IN ITEM FER ALONG ANSIT PERM REMOVAL		PART I DEATH WAS CAUSED I	MI CCI TO	sclerotic Card	iovascular disease	
AND THE PERSON AND TH		4292	DUE TO, OR AS A CONSEQUE	NCE OF		
AANS AREA		Conditions, if any, which gave rise to immediate	(b)			
201 W. PRI UTED WITH EXAMPLE EXAMPLE STATE TANK STATE TO MENTAL FOR		couse (o) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
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BIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD. PRUDING" IN PENCIL IN ITEM 18 ROBED TO THE CHEE MEDICAL EXAMINER ALONG YES SHOULD BE USED AS A BURIAL. TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO I PREVENT OF HEALTH AND MENTAL HYGIENE TO I PREVENT OF REMOVAL	l_	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a),	
BE EXE ENDING MEDICA AS A BUCA ENTH AU	CERTIFICATION					
イスへ出げになる	3	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		2D. AUTOPSY?
NITA SHO SHO SHO SHO SHO SHO SHO SHO SHO SHO	] [					YES 🔀 NO 🗆
O WE TEN	Ü	210 EXTERNAL CAUSE WAS UNDERLYING OR	116. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	R PART 2)
S SELECTION OF SEL	MEDICAL	CONTRIBUTING CAUSE OF DE		19		
VISI 3 S.F.D.E.R.I	ED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	City or town	COUNTY STATE
DIVISION OF VITA  BY THIS CERTIFICATE SHC TE, WRITING THE WORE RRWARDED TO THE OFF REPARED SHOULD FEE STATE DEPARTMENT OF BEE DEPARTMENT OF BE	>	WHILE NOT WHILE AT WORK			cur ou rour	0000
R: TI VTE, DRW PR: PV			of the remains described above, held	on Autapsy X, Inspec	tion , Inquiry , and in m	y opinion
A S S O T S		death resulted from: Natural	in n	Suicide . Homicide	Undetermined manner ,	,
ERTIIN ARY			A . I/ a	TITLE (SPECIFY)		
ICAL EXAM		ACTUAL SIGNATURE WOULD TO	me mall		ant DA	TE 11-25-83
SEA SE	1		- 1131 C 2		THE PROPERTY OF THE PROPERTY O	SINED
TO MEDIC EXECUTE TO FUNE AFTER DE BALLIND	1	EXAMINER'S NAME (TYPE OR PRINT) Marga	rita A. Korell	, M.D. ADDRESS	111 Penn Street	
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE BEATH, WITH THE STEAM OFF. MARYLAND, 2	23a J	WRIAL, CREMATION, REMOVAL	DAY 23 PAME C		23/ ODCATION/	STATE STATE
BP385	6	remplion 11	129/83 Len	Ar Hill	SuiTIANO T.	G, MD
DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS / A	25a. DA	TE REC'D. BY REGISTRAR 236 REGISTRAR	SSIGNATURE
(VR A15 ME (5))	17	Allar tuppell	MADOL FLUND	DALS MA	- 2 003 46 9	Carrell



. ivi	1. DEC	REGISTRAR EASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
#dod dod	3 SEX	ENNOST	14 RACE	5. DATE OF BIRTH	NIV 24 /	983 /2 A
lirector,	7- 010	Male	white	NOV 20 1908	TR3.	MONTHS DAYS HOURS MI
ot of other		ASHINSTOUDE	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORECITY OR COUNT	TY OF DEATH
Chillip with	10 CT	di Cittairel	(JENOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS!	120 USUAL OCCUPATION (TYPE/DE/WORK FOR MOST OF WORKING	LIFET INDUSTRY ACTION
35	USUA 13a S	RESIDENCE (IF) PURSING HOME O	ROTHER INSTITUTION. GIVE RESIDENCE REFORM	RE AOMISSION) 13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS Chap	stico 300
20	H FA	THER'S NAME	BOOW/R LAST	15 MOTHER'S MAIDEN N	11	oniger
medico		S, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTIONS OF 16	URITY NO. 17 INFORMANTA E	BOWLS, SA	meadras
ose remove corbonp 1, cremotion, or remo other troumotic eve		PART I. DEATH WAS CAUSI  HOST IMMEDIA  Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	, , , , , , , , , , , , , , , , , , , ,	- Pulmmedision	24 years
burio burio ury, or	,	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
nos been signe permit. Then pl ne prior to bur ws ony injury, (	TIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
ene prior to bur	CERTIFIC	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	HOPERATION WAS PERFORMED  210. HOW INJURY OCCU	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ESNO
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NT: If hem 21 is morked or frem 18 shews ony injury, or	MEDICAL	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hosp sow the deceosed alive or above, (1) (we) [did] (did no	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  itol) oftended the deceased from DI) view the body ofter deoth.	FARM, ETC.)  211. LOCATION STREET  , ond that in (my) (our) opinio  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO NO NO THE MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE  COUNTY STATE  22C. DATE SIGNED
NRECTOR: After this certificate has been signe thed for use as the burial-stransit permit. Then prept, of Health and Mental Hygiene prior to bur them 21 is marked or Item 18 shews any injury, or	WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK IN 10 (I) (this hosp sow the deceosed olive or above, (I) (we) (did) (did no 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P. M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE,  itol) oftended the deceased from Division with body ofter death.  30 PRINT)  M. ACLINEY  M. ACLI	PARTION WAS PERFORMED  21c. HOW INJURY OCCU  21c. HOW INJURY OCCU  21c. HOW INJURY OCCU  21c. HOW INJURY OCCU  19  21l. LOCATION  STREET  19  , and that in (my) (our) opinio  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO NO NO THE MEDICAL STAFF DIRECTOR PHYSICIAN	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? (ES NO PART 1 OR PART 2)  COUNTY STATE (19 ), that (1) (we)



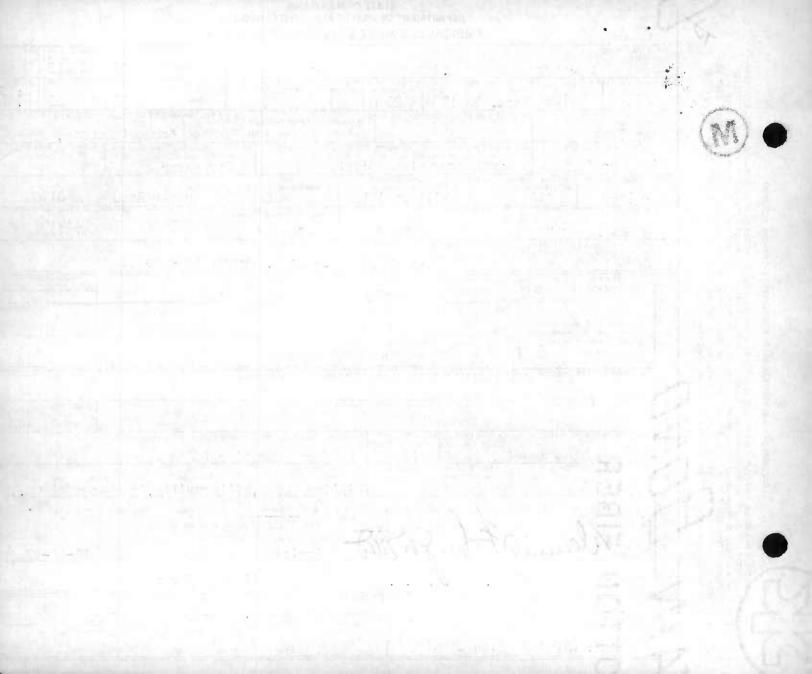


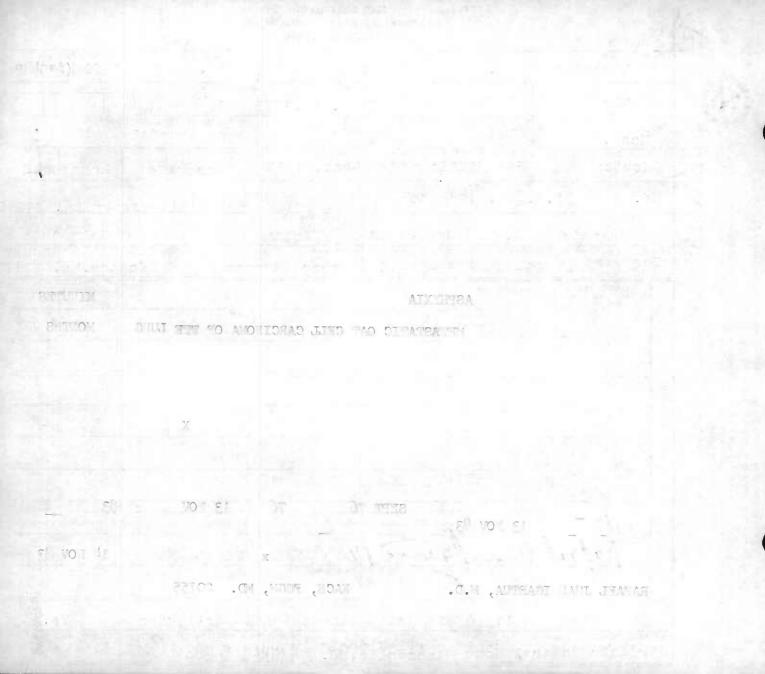


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 7/77 (VR A 15 (4))

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYGI ICATE OF DEATH	IEŃE REG. NO		3 1	
ł		CEASED NAME FIRST	WIDDLE	1	AST		MONTH DAY	Y YEAR	2b HOUR
1	THE	Етта.	Gentrude	Canno	ill	Nov.	14. 190	83	м
1	1. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	-	Female	White	10-		76	YRS.		HOURS MIN
	Xu. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
A	- 1	Md.	USA	WIDOWE	DIVORCED	Anne Arun	del		MD.
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST O		12b. KIND OI	F BUSINESS OR
1		Pasadena	1507 Marco Ur.	2112	22	Housewile	F WORKING (IFE)	1 1	ome
5	ISE S	TATE 1136 COUN	other institution, give residence before ITY ITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	o Dr.	21122	
7)	M FA	THERS NAME	AIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE			
	1	Unk	Isaac		Bessie	Rebecca	R	inehan	+
٦		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE		a co auto	
	(Y	(IF YES, GIVE	213-36-	3671	Dorothy Rode	nhizer sam	e as 1	38	
1		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (D), (b), an	die			0 000	APPROXU	MATE INTERVAL DISET AND DEATH
1	20	PART I. DE ATH WAS CAUSE	DBY: NO.	7-1	· deman	lan		2-	hores.
1		LL > 1 MMEDIAT	E CAUSE (a)		- winder	The same of the sa			
П	1	1310	DUE TO, OR AS A CONSEOU	-	2			10-	dean
1		Canditians, if any, which gave rise to immediate	(b) -10432	erte	usem			-	pears.
1		cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				0	
-1		underlying cause last	(c)						
١	,	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	1)
4	CERTIFICATION		n	n					
/1	CA	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	10b. IF YES, V	WERE FINDIN	GS USED OF DEATH?
	#					YES NO	YES		NO 🗌
1	8	210. ACCIDENT WAS UNDERLYING	LIGHT A AL MONTH .	VEAS	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	T 1 OR PART 2	
71	¥	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	17	21f. LOCATION			1000	
1	뿧	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.	STREET	CITY OR TOV	/N	COUNTY	STATE
П		AT WORK AT WORK	1. D. Annual al Al Al Alamana I f	9	127 76	//	14	83	
1		saw the deceased alive an	tal) attended the deceased fram_	3 ,0	nd that in (my) (our) apinian o	death accurred an the do	ate and haur o		that (I) ( <del>we)</del> last causes stated
1		abave, (1) (we) (did) (did na 22b. SIGNATU8E	t) view the body after death.		DEGREE			22c. DATE	SIGNED
	3.	OR. Miles	Tamplin .	mif	ATTENDING PHYSICIAN	MEDICAL STAP		11/15	-/83
		22d PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e ADDRESS	01	0	1	1- 1
					3708 Moren	Harn Cl.	Pasa	relus	i Incl.
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	co	OUNTY	STATE
		Burial	11-17-83 Ne	w (at	hedral (ent.	Baltimor			nd_
	24. FL	JNERAL DIRECTOR	ADDRESS		25a. DATE	REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNATI	URE
	Me	c Cully Funeral	Home 3204 Mount	ain R	d. 21122 NO	V 1 5 1983	pole	not	shelf

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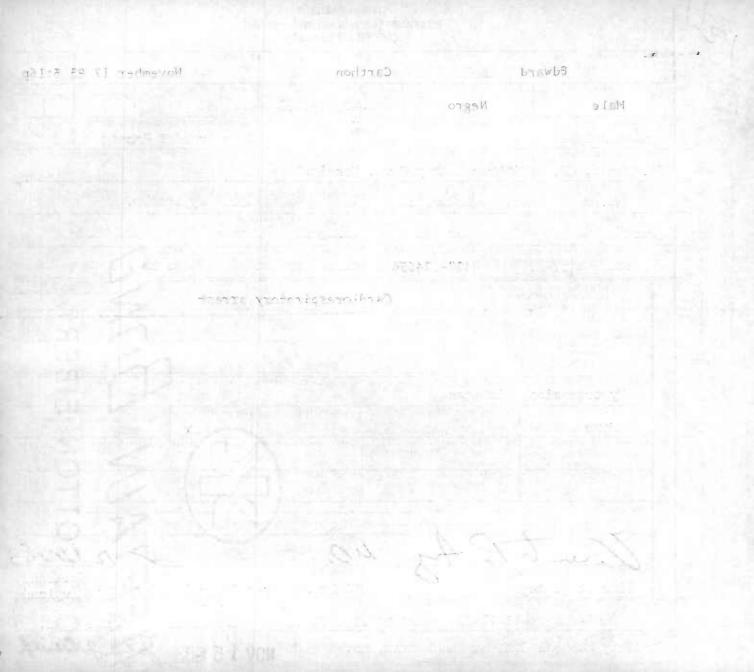
DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NOV 1 5 1983

8 5

-	1-	FOR STATE REGISTRAR			DEPARTI		HEALTH AND MENTAL HYG	GIENE REG. N	<b>3</b>	, 6	5
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b HOUR
	(TYPE	OR PRINT)	Edwar	rd Ear	cl	Car	thon	N	lovembe	r 12 8	3:16p
-	3. SE	X		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Ma1e		N	egro	Jan	uary 14,1937	46	YRS.	ONTHS DAYS	HOURS MIN.
	7a BI	RTHPLACE   STATE OR	FOREIGN		WHAT COUNTRY?	8.	¥1 □	9 BALTIMORE CITY		OF DEATH	
		Mississip	pi	USA		WIDOWE	ED NEVER MARRIED L	Anne Arun	el Cou	inty	MD.
7	10. CI	TY OR TOWN OF DEA				IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	OF BUSINESS OR
	Ft	. 'eale,	id.	Kimbro	H FACILITY, GIVE STREET	Comm.	lospital	Ret. US Ar			Military
5	USUA 130 S	AL RESIDENCE (IF NURSITATE Md .	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	2506 Mayti			54
1	14 FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
0	·	Jack FIRST		MIDDLE	Carthop		Lillymae	WIDDLE		Spence	r
7		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR			
		YES NOOR UNKNOWN)	57-7	WAR OR DATES)	427-6246	56	Mabel Cartho	n Sam	ne as #	13	
		Conditions, if ony, gove rise to improve to state underlying couse	, which mediate ag the last.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO 1	ENCE OF	diorespirator		NDITION GIVE	N IN PART 1	
	NO.	Hypert									
1	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
		210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A.	OF INJURY M. MONTH DA M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCURI	HILE	21e. PLACE (AT HOME STO	OF INJURY REET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
		220.1 certify that (1)	(this hospit	al) attended th	e deceased from _		, 19	, to	, 1	9, 1	that (I) (we) lost
		saw the decease obove, (I) (we) (o	ed olive on, did) (did na	view the body	ofter deat		ATTENDING	MEDICAL STA	FF	ond from the	
+		220 PHYSICIAN'S NO	AME (IVE O	LPRINT)	1/8		PHYSICIAN [ 22e ADDRESS	DIRECTOR PHYSIC	LIAN	1/6/	1100
		Vincent	P. Ar	10	0		Kimbrough Ar	ay Communit	y Hosn	ital	omulani
	23a. B	URIAL, CREMATION, SPECIFY) Buria	REMOVAL	23b. DATE 11-18-			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Crownsvi		AACO.	STATE Md.
		ineral director ardesty Fur	neral	Home	Annapo	lis,		E REC'D. BY REGISTRAR OV 1 5 1983	1 (/	ar's signati	Conich



STATE

DECEASED NAME

REGISTRAR

FIRST

Moret Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH care PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED REDICAL STAFF 21061 325 Hospital Drive, Glen Burnie, Md STATE 11/12/83 Burial Holy Cross Cem. Balto MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 George J. Gonce 4001 Ritchie Hgwy, Balto (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7b. HOUR

HOUR5

12b. KIND OF BUSINESS OR

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LAST

83

IF UNDER 1 YEAR DAYS

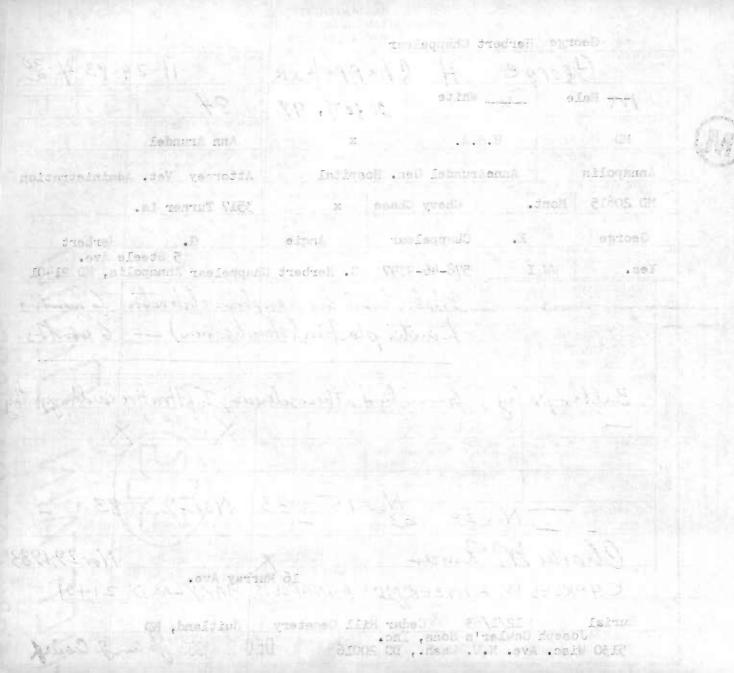
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2a. DATE OF DEATH

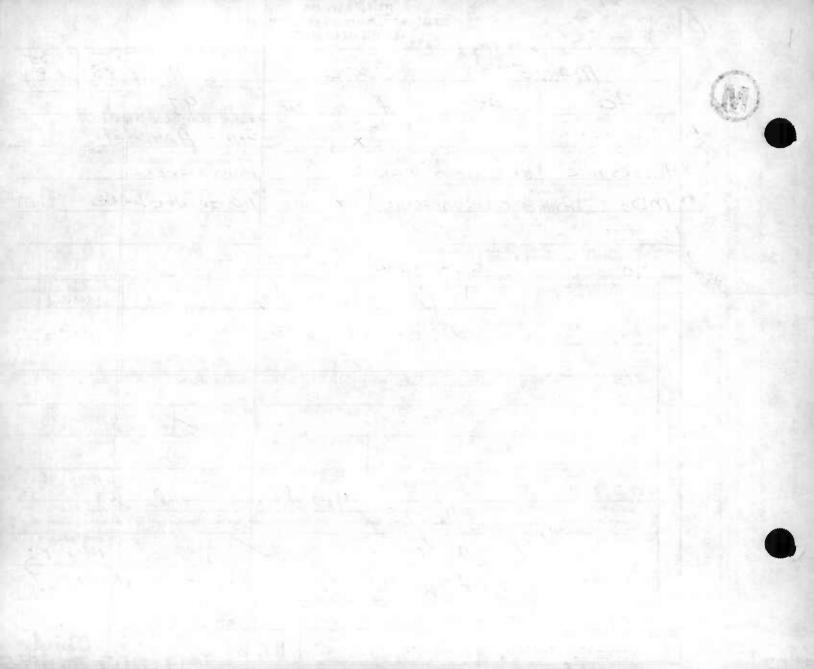
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	1-	FOR STATE			EPARTMENT OF	HEALTH			8 5	5 /	
102	1. DE	REGISTRAR CEASED NAME	FIRST	seph ,	MICAL EXAMIN		Chase,	Cr 20. DATE KI	REG. NO.	DAY YEAR	Zh HOUR
LEASE CTOR FILES, OQURS REET,		E OR PRINT)	050	ph !	toward		hASE	SY DEATH A		19	M
DIRECT STATE	Ma	25 3		April, 2	8.20 6. AGE (IN YE	AY) MONTH	DER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNC DEAD	Novembe	18 19 83	24 HOUR
NEPAL VINE NEPAL VINE NEPER VINE VINE VINE VINE VINE VINE VINE VINE	FO	RTHPLACE (STATE OR REIGH COUNTRY)		76 CITIZEN OF WH	AT COUNTRY?	8. MARRIE	NEVER MARRI	ED L	e Arunde		
THE SU		TY OR TOWN OF DE	ATH )	(IF NOT IN SUCH FAC	ITAL, NURSING HOME	, OR OTHE	R INSTITUTION	120 USUAL OCCUPA	TION (TYPE OF WORK		SINESS RY
5 293	05U/	L RESIDENCE (IF IN NI		OTHER INSTITUTION, GIVE	rns Cross	ON)	Road	Fireman		A.A. Co	0,
1 1 2	1	nd.	13P COUNT	A	Sever	U	YES NO K	33	4	Crosse	g Rd
P P P P P P P P P P P P P P P P P P P		THER'S NAME FIRST Corneliu	S	MIDDLE	Chase		15. MOTHER'S MAIDE PIRST	MID		iknown	
BALTIMORE, MO. 1101 SS AFTER DEATH GIVE PAGES 1, MITH FORM PM PAGES (XAND) INVISION OF W	16a V (Y	VAS DECEASED EVER	IN U.S. ARM	/AR OR DATES)	16b. SOCIAL SECURIT		17. INFORMANT	Wife	ADDRESS Sal	me as	100
: 5 % ≥ - 0 1		Yes  18. CAUSE OF DEA	W . W	one couse per line l	213.12.9	565	Ruth E.	Chase		1.3	INTERVAL
W. PRESTON ST WITHIN 24 HOI FENCIL IN ITEM I MINER ALONG TRANDER PERMINITAL HYGIENE, OR REMOVAL.	_	Conditions, if gove rise to cause (a) stating lying cause lost	IMMEDIATE any, which immediate g the under-	BY: E CAUSE (a)  DUE TO, OR A  (b)  DUE TO, OR A	AS A CONSEQUENCE		e Arr	est.		BETWEEN ONSE	AND DEATH
EECORDS, 201 D BE EXECUTE FENDING" IN 1 MEDICAL AS A BURIAL FAITH AND M CREMATION.	N.O	PART 2 OTHER SIGNIFICAT	NT CONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	IINAL OISEASE	OR CONDITION GIVEN IN PAI	T 1 (a).			
SHOULD I OND "PER WE CHIEF ME USED A LT OF HEAL OURING!"	CERTIFICATION	19a. DATE OF OPER.	ATION	196 CONDIT	on for which oper	ATION W	AS PERFORMED?			20 AUTOPSY	NO [
E: THIS CERTIFICATE SHOULD BE EXECUTED  TE, WRITING THE WORD, "PENDING" IN PROSED TO THE CHIEF MEDICAL EXA RWARDED TO THE CHIEF MEDICAL EXA RWARDED TO THE CHIEF MEDICAL EXA STATE DEPARTMENT OF HEALTH AND MEDICAL CREMATION, 2, 21201 PRIOR TO BURIAL, CREMATION,		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DI	EATH P.M.	MONTH DAY YEAR		W INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR F		
DIVISI DIVISI E, WRITING EWARDED : PAGE 3 SI STATE DEP	MEDICAL		WHILE D	21e PLACE O STREET, FACTO	FINJURY (ATHOME DRY, FARM, ETC.)		CATION	CITY OR TOW	ч с	OUNTY	STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE S! 8ATTIMORE, MARYLAND, 3		22a. I certify that death resulted from ACTUAL SIGNATURE		e of the remains described courses \( \sqrt{\text{Line}} \)	ribed obove, held on Accident , Su	Autaps ricide .	Homicide	Undetermined man	DATE	1971	453
ECUTE 1 ECUTE 1 GE 4 S FUNES TER DE	1	EXAMINER'S NAME (TYPE OR PRINT)	Will:	iam P. J	ones, M.I	D	ADDRESS 695	America	Court :	21035	
BP	- {:	urial, cremation, pecify) Buria	1	DATE OV. 22, 83	23t. NAME OF CEA		Mem Pk	23d LOCATION CITY OR TOWN Glen Bu	ırnie	A.A.	ATE MD
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	ngleton	Fune:	VNCan ral Home	e,Glen B	urni	e, MD	2 2 1983	256 PEGISTRAR'S	2- Cohily	

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STATE REGISTR DECEASED			DEPARTMENT OF	TE OF MAI HEALTH AI		KGIENE 2	28	5 5	9	
	AR	ME	DICAL EXAMIN	IER'S CER	TIFICATE O	F DEATH	REG. N	10.	Charles .	
(TYPE OR PRINT)	Inthony	1	MMI	Col	bert	20. DA O DEA		- //	3 19 83	26 HOUR 2143
3. SEX	1. RACE Neg	5. DATE OF BIRTH		AY) MONTHS	DAYS HOURS	MIN. PRONO	ATE DUNCED AD	MONTH 1/	3 53 19	2143 2143
7a. BIRTHPLAC FOREIGN COU MARYLA	ND	U.S.A.		WIDOWED	□ NEVER MARRI □ DIVORC	ED 🗆		— UNDEL	COUNTY	MD.
ANNAPO		ANNE THE	SPITAL, NURSING HOM	AL HOSE		12a USUAL OC FOR MOST OF	CUPATION (TY WORKING LIFE)	PE OF WORK	32b. KIND OF BU OR INDUST	JSINESS RY
130. STATE		7 A.	136. CITY OR TOWN	13d.	INSIDE CITY LIMITS?	13e. STREET AD	Flei	et	54,40	7/
14. FATHER'S IN FIRST	NY	MIDDLE	COLBERT		MOTHER'S MAIDE ANNIE		MIDDLE	BROV	LAST WN	
16a WAS DEC (YES, NO, OR I YES	EASED EVER IN U.S. ARM UNKNOWN) (IF YES, GIVE W	'AR OR DATES)	16h SOCIAL SECURIT		OLA JONE	s 4802 i	ADDRES		Bal to 212	97
Cor gov cou lyin	ditions, if any, which re rise to immediate se (a) stating the <u>undergause last.</u> HER SIGNIFICANT CONDITIONS CO	(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TERM	OF	CONDITION GIVEN IN PAI	RT 1 (a).	^			
Cergo cau lyin PART 2 01 P	TE OF OPERATION	19b. CONDI	TION FOR WHICH OPER	RATION WAS F	PERFORMED?	EL I			20 AUTOPSY	NO []
210 EXT UNDERI CONTR	ERNAL CAUSE WAS  YING OR BUTING CAUSE OF DE	21b. TIME OF HOUR A.M EATH P.M	M. MONTH DAY YEA		INJURY OCCURRE	D LENTER NATURE C	F INJURY IN ITEM 1	8 PART 1 OR PAR		NO L
TId. INJUNITED AT WO	URY OCCURRED  NOT WHILE  AT WORK	21e PLACE ( STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f LOCAT STREET		СПУО	RTOWN	cou	YTAL	STATE
22a.	1.,	of the remains des			, Inspection  Hamicide ,  LITLE (SPECIFY)  Deputy	Undetermined	manner	nd in my ap	11/2	183
ACTUAI SIGNAT	URE LA	am P. J	Jones, M.D		695	medicale		t 21	1035	
ACTUAL SIGNAT EXAMIN (TYPE O 23a, BURIAL, CR (SPECHY) BURI	IER'S NAME Willi EMATION, REMOVAL 231		Jones, M.I	ADE	DRESS 695	America 23d LOCATIO	a Cour	0.07.2	1035	TATE

mid AA Hanapis a 22 Elect Still The Certail law months 1974 1.1. . . . . . . . . Careline Bases -Total Communication of Contract Contrac

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RECLISITEAR REG. NO ECEASED NAME 20. DATE KNOWN X 2b HOUR CTYPE OR PRINTS DEATH MATED GORDON COLLINS 17 19 83 & AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS. 1. SEX 4 RACE DATE OF BIRTH 24 HOUR 8:11 DATE LAST BIRTHDAY) PRONOUNCED BLACK MALE 19 YRS DEAD 19 83 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TO U.S.A. WIDOWED DIVORCED Anne Arundel County 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Anne Arundel Gen. Hosp Annapolis USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND ANNAPOLIS NO 440 Boston Heights Circle A.A. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE "JOHN ALICE EDWARDS COLLINS 16b. SOCIAL SECURITY NO 17. INFORMANT JOHN H. COLLINS 5241 Sudley Rd. 20881 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL BY FOR THE MEDICAL BY FOR SHOULD BE USED AS A BUNAFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND BALTIMORS, MARYLAND, 21201 PRIOR TO BURRAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 6:30 PAR 11-17- 1983 Subject fell off truck & was run over by same 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Jones & Terrell Rds.. Shadyside. Anne Arunde roald Md. 22a. I certify that I took charge of the remains described above, held an Accident X Undetermined manner death resulted from: Hamicide Natural couses TITLE (SPECIFY) ACTUAL DATE 11-17-83 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) 11-22-1983 BURIAL PINELAWN MEM. PARK Annapolis NOV 2 3 1982 24. FUNERAL DIRECTOR Annapolis Md. 21401 **DHMH - 17** WILLIAM REESE & SONS MORTUARY, P.A. (VR A15 ME (5)) 20M 4/B2

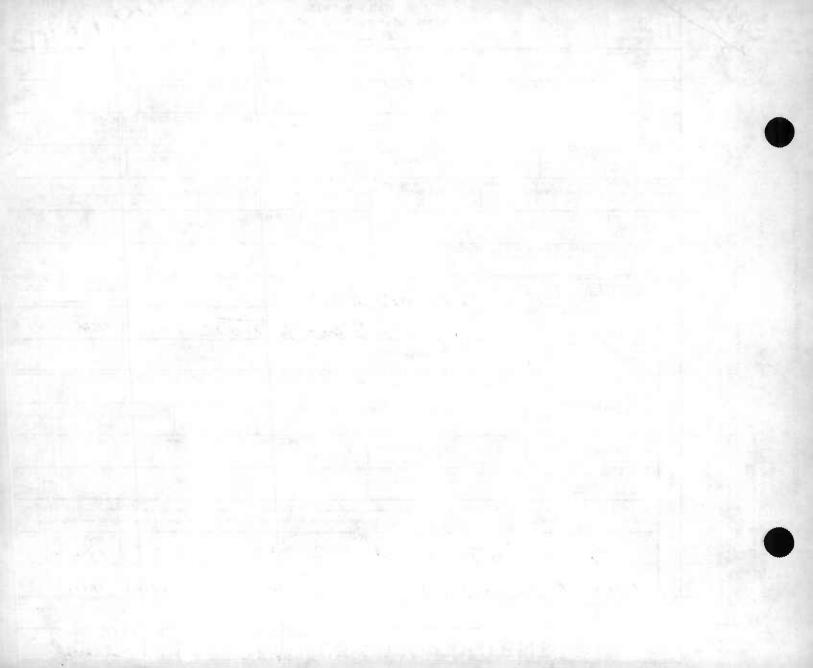
White the state of And Comments and the second  10 % IN LITTING G. Collins 11/24/83 FEMALE White 4 11 00 78 Enriquellis Aungelis Convolescentis Homeworker France Property of the state of the st Welleun SE Handtine I am Ton Plant I ON A DESCRIPTION OF THE PROPERTY The AH FIRE AND THE STATE OF TH I TOWN BOOK IN THE CONTRACT OF THE PROPERTY OF THE PARTY OF THE PARTY

70	1.	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HY	GIENE REG. NO.	8 5 6	ECT
	1. DE	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. H	HOUR
0		JAMES		CONNE	MAJ A	NOVEMBER	1, 1983 13	
f m.m	3. SE		4. RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOU	RS MIN.
ULA.		Male	White	Jui		78	YRS.	
37	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	4-1-1
571		Maryland	USA	WIDOW		ANNE ARII	VDEL COUNTY	MD.
Po		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME		17a LISTIAL OCCUPATION	12h KIND OF BUS	INESS OR
( ) 4		GLEN BURNIE	NORTH ARUNT	EL HOSP	TTAI	Boiler Make	rking Life) INDUSTRY MD Dryd	ock-Re
pe	USU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)			. 1	
3/5	Ma	ryland   136. COL	AA Glen	Burnie	YES NO X	130. STREET ADDRESS 406 Aquahart	Road 2	1061
Din A	14. FA	ATHER'S NAME FIRST	MIDDLE LAS	T	15. MOTHER'S MAIDEN NA	AME	LAST	
226		Michael	Conn	ellv	Bridget		Corneliu	S
nedical	160. V	VAS DECEASED EVER IN HIS A		SECURITY NO.	17. INFORMANT	ADDRESS		
Dec /	(	YES, NO OR UNKNOWN) (IF YES, G	705-0	5-0851	Frances K.	Connelly, Same	as 13	
			only one couse per line for (a), (				APPROXIMATE I BETWEEN ONSET	INTERVAL
en,		PART I. DEATH WAS CAUS	SED BY:	0181	a delun C	Thort	SETWEEN ONSE	2 days
C ev		5049 IMMEDIA	ATE CAUSE (o)	COC	a political	^	120	races
mat		00//	DUE TO, OR AS A CONS	EQUENCE OF	- 1	En Our	120	111.0
trau		Conditions, if any, which	(b)	Tux	e remain	( accurry		mg)
her		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	A 400 -7			1/0 M	,
5			(c)t	ASCU	0		7440	
ury.	z	4 - 4 -	CONDITIONS CONTRIBUTING	O TO DEATH BU	NOT RELATED TO THE TER	200	ON GIVEN IN PART 110	
<u> </u>	은	COPD	CAT, C	400	164	reeding	IENES MEDE ENTRE	1000
Son	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	Failu	ON WAS PERFORMED FOR		LIF YES, WERE FINDINGS L CERTIFYING CAUSES OF D	
9/1	1 =	10/21/63	Keva	( raile	- V7 ~ 111 /	YES NOT	YES NO	0 🗆
8		218. ACTIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2)	
E /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	CAIN .	19				
5	8	21d. INJURY OCCURRED	218. PLACE OF INJURY	SEICE SARM ETC 1	ZII. LOCATION	CITY OR TOWN	COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, O	FFILE, FARM, EIC J				
Ě			pitals ottended the deceased f	rom /0/	21 1953		19 43, that	(I) (we) last
5			not) view the body oftendeath.	-	nd that in (my) (our) ppinion	death accurred on the date of	nd hour and fram the cause	es stated
E		275. SIGNATURE	not view the body often death.	_	DEGREE		= 22t. DATE SIGN	VED_
±		0/10	19 10	MILLE	and the same	MEDICAL STAFF		10.
ž —	1	224 PHYSICIAN'S NAME (TYPE	Trus	car	PHYSICIAN 220. ADDRESS	DIRECTOR   PHYSICIAN	0 11/	13
A L		ME CHASICIAN SINAME (TYPE	(OKPRINT)		78	45 OAKWOOD ROA	D. SUITE 200	
IMPORTANT:		The second secon	WARTZ M.D.		CLEN DID	TE MADVI AND	21061	
2	23a.	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
-		(SPECIFY) Burial	4 Nov 1983	Holy C	ross Cemetery	Baltimore	AA	MD
/B2	24 F	UNERAL DIRECTOR	400	DECC	25a. DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE	14
		James S. Kirkl	ey, Glen Burni	e. MD	NOV	2 1983	- and a count	1

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	8	56	5
	CEASED NAME	FIRST		AIDDLE		AS'	28. DATE OF DEATH	MONTH DAY	YEAR 26.	HOUR
1	OK TRITTI	MARY		E.	COF	EDREY	11-10-	83		2400
3. SEX			1. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY) IF U	THE REPORT OF	UNDER 24 HRS
	Fema	le	Can		MONTE	- 10- 1897	80		DATS MO	MIN.
	ONTRYL	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D T KEVER MARRIED	9 BALTIMORE CITY O		DEATH	
Da	Tisbury	mo.	us	A	WIDOWE		Anne	Aras	rdel	MD.
		DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATI		126. KIND OF BU	JSINESS OR
Da	avidson	ville	Cof	ton Con	- 1	Center	Sales lad	V WORKING LIFE)	Dept.	Store
USUA 13a S	TATE	NURSING HOME OR	ΤX	GIVE RESIDENCE BEFORE A	1	134. INSIDE CITY LIMITS?	13. SIREET ADDRESS 426 Hill	ZIP CODE VI ew I	2109 Or. Apt	
14 FA	THER'S NAME	, "			J 04.11.1	15. MOTHER'S MAIDEN NA		11011 2	/	- 201
	Spic	er	B.	Trui	tt	Heneri			Lêmo	on
	AS DECEASED E		MED FORCES?	166. SOCIAL SECUR		17. INFORMANT	ADDRE		3.0	
	No.			215-07-	1810	Gladys J.	Leisner	Same	as 13	је 
	R CAUSE OF D PART I. DE AT	H WAS CAUSE	ly one couse per D BY; E C AUSE (a)	line for (a), (b), and Car		responding	arrest		APPROXIMATE BETWEEN ONSE	TAND DEATH
	42	80	DUE TO, O	R AS A CONSEQUE	1200	yours b			TO VIC	
	Conditions, if	immediate	(b)							
	underlying c	Tating the ouse lost.	DUE TO, OI	R AS A CONSEQUE	NCE OF	festive Hear	+1-culine			
NO	PART 2. OTHER	SIGNIFICANTO	enditions co	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
CERTIFICATION	190 DATE OF OP	ERATION	196 CONDI	TION FOR WHICH O	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		VERE FINDINGS	
TIFIC			10 V				YES NO	YES [		NO [
	21a. ACCIDENT WA		TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN FIEM 18 PART	I OR PART 2)	
MEDICAL	21d. INJURY OC		21e. PLACE	OF INJURY		21f. LOCATION	CITY OR 10	w.N	COUNTY	STATE
W	WHILE NO	T WORK	(AT HOME STR	EET, FACTORY, OFFICE, FA	RM, ETC )	SIRECT	ciii okio		- 6	JINIE
	sow the de	ceased alive on	11-1	e deceased from	7-	nd that in (my) (aur) apinion	death occurred on the de	ote and hour or		(It (we) lost
	22b. SIGNATUR		t) view the body	ofter death.	_	DEGREE			22c. DATE SIG	NED
	11	ml	1/1	horle	1		MEDICAL STAI DIRECTOR PHYSIC			
	22d PHYSICIAN	S NAME ITTE	ROMÍNI)	0.		77e ADDRESS	4. 60	1	11	A - 4
	IK	ON REMOVAL	>	· 」		EMETERY OR CREMATORY	ten Cent	wu	votten 1	me.

DHMH - 16 50M 4/B3 (VRA 15, 4)

Burial 11/14/83

Hebron Cemetery

Hebron

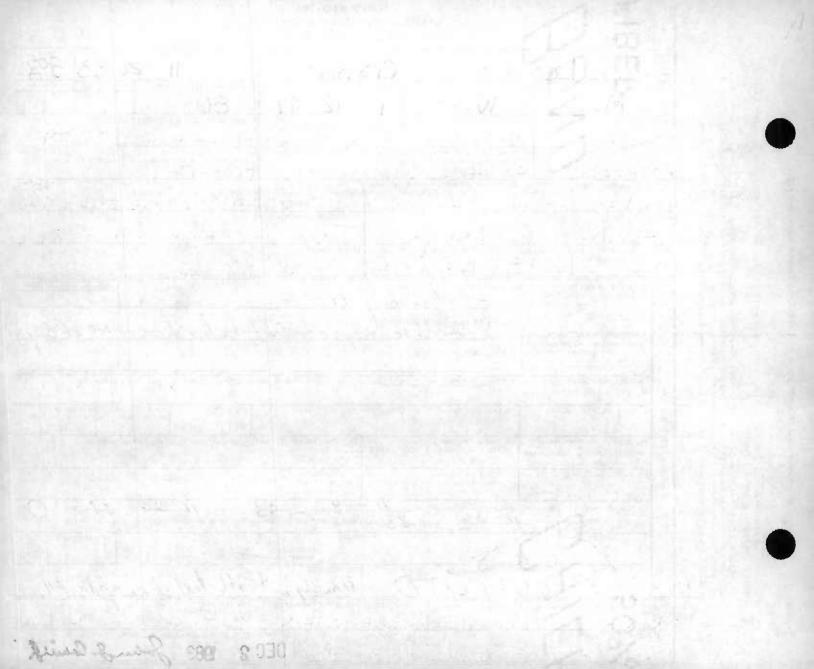
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Ma

24 FUNERAL DIRECTOR REGISTRAR 256. REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy Balto

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10	IVEL TO				STATE	OF MARYLAND	0		
X		1.	FOR STATE	DEPART		ALTH AND MENTAL HYG CATE OF DEATH	6	2 8 5	6 8
/		1 05	REGISTRAR	MIDDLE	tas		REG. NO		YEAR TO HOLLR
	of the o	TYPE	CEASED NAME FIRST	MIDDLE	Ca	~~~	26 DATE OF DEATH	26 8	505
	moy be poge	3 SE	7	4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRT		0 0
	Page 4 n director.		MALS	WHITE	MONTH	12 97	86	YRS.	DAYS HOURS MIN.
	rol di	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	B. MARRIED	☐ NEVER MARRIED ☐	9 BALTIMORE CITY O		тн
	op c c		ARYLAND	n. 2. H.	WIDOWED		111111111111111111111111111111111111111	MOST F	OUNTY MD.
-		10.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)	. 11	LYPE OF WORK FOR MOST OF	F WORKING LIFE) 17b. K	CIND OF BUSINESS OR USTRY
212	hours hours	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	20776
Q.	7 = 2	ME	ARULAND ANDI	ARUNOSL HARWS		YES NO W	4317 50201	TONS IS	SLAND ROAD
YIA	ithin 2 sho	14.F/	THER'S NAME	MIDOLE LAST	1	MOTHER'S MAIDEN NA	ME		1241
MARYLAND	be ald bus by	1	ALVIN	LRAMER		JULIA	Ann	GR	EGORY
	nd co		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRE	SS	
WO	be execution ond constitution on the second constitution of the second cons	4	ES W-W		3746	FAMILY	RECORDS		
, BALTIMORE	hysicic paper ovol.		PART I. DEATH WAS CAUSE		nd (c).y	NHE		BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
Z ST.	certification properties of the properties of th		IMMEDIA	TE CAUSE 10)	oung			,	
PRESTON	trendi trendi on, or umoti		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF	1 aparoli	11.f-+	1	3 day.
PRES	a o o t		gave rise to immediate	(b) 7774	TC .	ig Secreta	, indica ()		o and of
×.	that the		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF				
201	o jeje		PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PA	ART Ital
ZDS,	signification of the building.	Z O							
RECORDS	been been ony in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE F	FINDINGS USED AUSES OF DEATH?
L RE	he lo	TH					YES NO	YES [	NO [
VIT A	YSICIAN: The Ilding physicion. s certificate has buriol-transit pe Mental Hygiene or frem 18 shows	E. E.	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPI	ART 2)
9	SICIAN: ing physical certification or include the certification or include the certification of the certification	¥	OR CONTRIBUTING CAUSE OF DEA	un .	19	THE RESERVE			
DIVISION OF VITAL	1 6 6 7	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	wn cour	NTY STATE
N S		2	AT WORK AT WORK	The training street, the toke, or rich	, , , , , , ,				
٥	60 (0)			ital) attended the deceased fram.	11 -	- 9 19	3, 10 //-	We 19 of	, that (I) (we) last
	R ATTEN hospital RECTOR ned for u		saw the degree alive on above, (1)	11 - Q 6 19 -	, and	that in (my) (aur) pinion	death occurred on the do		
	8 E 8 6 G 6		226. SIGNATUIT	2	Di	EGREE ATTENDING	MEDICAL STAF		DATESIGNED
	RAL DI RAL DI RAL DI Stote De		11	7		PHYSICIAN E	DIRECTOR   PHYSIC		
	0 - m o 0 4		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	2	22e. ADDRESS	10.11.1	1	1. 111
	TO HOSI	77.0	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CE	METERY OR CREMATORY	1236 LOCATION	ANNAP	11/5 1011
	8P	130	SPECIFY)	Day 29 1983 L	ORRA	IN PARK	BALTIN	RS COUNTY	MARYLAND
	DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR		8800	25a. DA	E REC'D. BY REGISTRAR	256 PEGISTRAR'S S	
	(VRA 15, 4)	15	VANS CHAPIL	OF MEMORISS)	1 - 0 -	RO ROAD DE	C 2 1983	Johns	h Capiel
								-	



George J. Gonce 4001 Ritchie Hgwv

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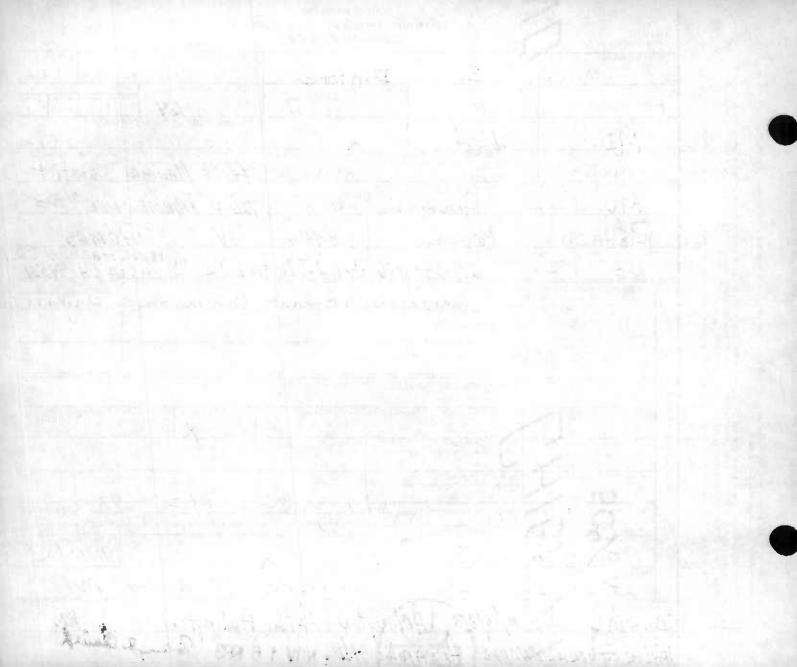
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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**FST** 

REG. NO 20. DATE OF DEATH 6. AGE (IN YEARS LAST BIRTHDAY)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

24, 1983 IF UNDER I YEAR

1043 IF UNDER 24 HRS.

26. HOUR

ANNE ARUNDEL COUNTY

176. KIND OF BUSINESS OR INDUSTRY Own Home

21061

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Allison ADDRESS

Same as #13

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [

STATE

NO T

COUNTY

22c. DATE SIGNED

Howard Md

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

REGISTRAR

Buria1 24 FUNERAL DIRECTOR

Singleton Funeral Home, Glen Burnie, Md

250. DATE REC'D. BY REGISTRAR 256 PERISTRAR'S SIGNATURE

VOVE BER 24, COKS | 1053 N YEAR'S HERRINA BOWL TOO DOCCOR SEEN WINDOW an continuous ( mense ) NEW TANKS OF THE SECOND OF THE in in Light . next an involved side . The Later Street stor Energy Lar needs, we have

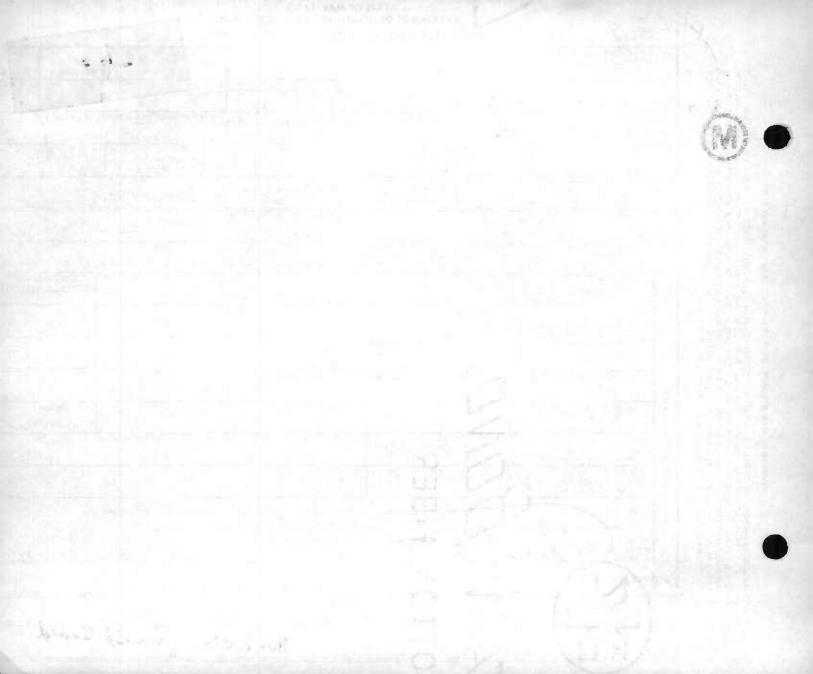
and amove forth 27 yell - and / minute 1.1. Market Market Commence Comos Pt dames and the transfer Later of the control of the control

1	1.	FOR	DEPARTMEN	TOF HEALTH AND MENTAL	HYGRENE Z 6	2/4
A) ( )	M-	STATE REGISTRAR		MINER'S CERTIFICATE		
21 10	1. DE	CEASED NAME FIRST	WIDDIE	LAST	20 DATE KNOWN	MONTH DAY YEAR 76. HOUR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(TY	PE OR PRINT)	Via Flores	Dec-5	OF ESTI-	11 21 . 42 2217
PLEASE ECTOR. FILES. STREET,	3. SE	X 4. RACE	S. DATE OF BIRTH 6. AG	E (IN YEARS   IF UNDER 1 YR.   IF UNDER		MONTH DAY YEAR 24 HOUR
N ST	100	Mololuhitas	MONTH DAY YEAR LAS	3 YRS.	MIN. PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUR 2217
ALD		IRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	11	9. BALTIMORE CITY OR	17 0 111
NECESSARY, UNERAL DIR S FOR YOU WITHIN 72	FC	DREIGN QOUNTRY)	USA	WIDOWED DIVOR		Arundel MD.
AY IS NE PUR FUND AGE 5 F FILED, W. 201 W.	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE O	F WORK 126 KIND OF BUSINESS
TOELAY IS NECESSARY, PIEASE 31 TO THE FUNERAL DIRECTOR, IN PAGE 5 FOR YOUR FILES. D. BE FILED, WITHIN 22 HOURS PROS, 201 W. PRESTON STREET,	A	none polis	(IF NOT INSUCH FACILITY, GIASTREET AL	del ben	TECHNICIAN	Dental Lab.
GE ECCURAN		STATE 13b. CUNT	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	na Road
AD. 3.	14. F.	ATHER'S NAME	*	IS. MOTHER'S MAI	DEN NAME MIDDLE	LAST
TER DEATH. TER DEATH. E PAGES 1. FORM PM. ES I AND 2. ON OFVITA	E	Penedict.	MIDDLE LAST	s Esthe	ev (	Unknown)
MO PAG D	160.		MED FORCES? 166. SOCIAL SE		ADDRESS	Same as
ALTIM AFTER SIVE PA IN FOR ISSION		114 100	rea 297	22 1048 = 12	zabeth T. Dee	5- #13
TON ST., BALT 24 HOURS AFI ITEM 18, GIVE LONG WITH F PERMIT, PAGE CGIENE, DIVISIC		18 CAUSE OF DEATH (Enter onl	ly ane cause per line for (a), (b), and	(c).)	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON SI N 24 HO N ITEM I ALONG IT PERM YGIENE		PART I DEATH WAS CAUSED	TE CAUSE (a)	rdial erres	+	
ALC MOV		Conditions, if any, which	DUE TO, OR AS A CONSEOU	ENCE OF	. ,	
201 W. PRES UTED WITHIN IN PENCIL IN EXAMINER A EXAMINER A INIT IN INIT ON, OR REMO		gave rise to immediate	(b)	r. Cong. 7	allure	
A PED V		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
		BARLS GLANGS CICHIFICANIA CONOLLIONS	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DOI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	NE TERMINAL DISEASE DR CONDITION GIVEN IN	PART 1 (e).	
LEAN THE A	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
F VITAL RE SHOULD WORD "PE HE CHIEF N D BE USED N D BENT OF HE CHIEF N D BENT OF HE CHIEF N D BURIAL, C	Ĭ					YES NO
A A A A A A A A A A A A A A A A A A A		210. EXTERNAL CAUSE WAS	11b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2]
ON O STHE TO THE HOULE OR TO	S	CONTRIBUTING CAUSE OF D		19	<u> </u>	
CER JEEP JEEP JEEP JEEP JEEP JEEP JEEP JE	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT E STREET, FACTORY, FARM, ETC.)	OME, 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL R NER: THIS CERTIFICATE SHOULD CATE, WRITING THE WORD "P FORWARDED TO THE CHIEF P FOR PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE AND, 21201 PRIOR TO BURIAL		AT WORK AT WORK				
		220 I certify that I taak charge	e of the remains described above, he	d an Autopsy . Inspect	han X, Inquiry , and	ın my apınıan
MIN FER FER FER FER FER FER FER FER FER FER		death resulted fram: Natur	al causes X, Accident ,	Suicide , Hamicide	Undetermined manner .	
EXAMII CERTIFI ULD BE DIRECT I, WITH WARYLY		ACTUAL ()	5/11/	TITLE (SPECIFY)		DATE
CAL EXA SHOULD SHOULD SATH, WI ORE, MAR	1	SIGNATURE	- I What	M.D. Depul	MEDICAL FRAMINER	SIGNED
OH 4 NOV	1	EXAMINER'S NAME (TYPE OR PRINT)	MES E WI	HEELERADDRESS A.	2041/1/3	
TO ME EXECU PAGE TO FU AFTER BALTIM	23 o . E	SURIAL, CREMATION, REMOVAL 2	3b. DATE 23c. NAME	OF CEMETERY OR CREMATORY	238 LOCATION	COUNT STATE
BP	E	unial	VOV 28 ,983 Arli	ngton National Ce	Arlington Va	
DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAN TOD REGIST	RAR'S SIGNATURE
(VR A15 ME (5))	1	aylor tunen	al Chapel-Ho	mapolis Myov 2	5 1983 Johns	P. Rentraly

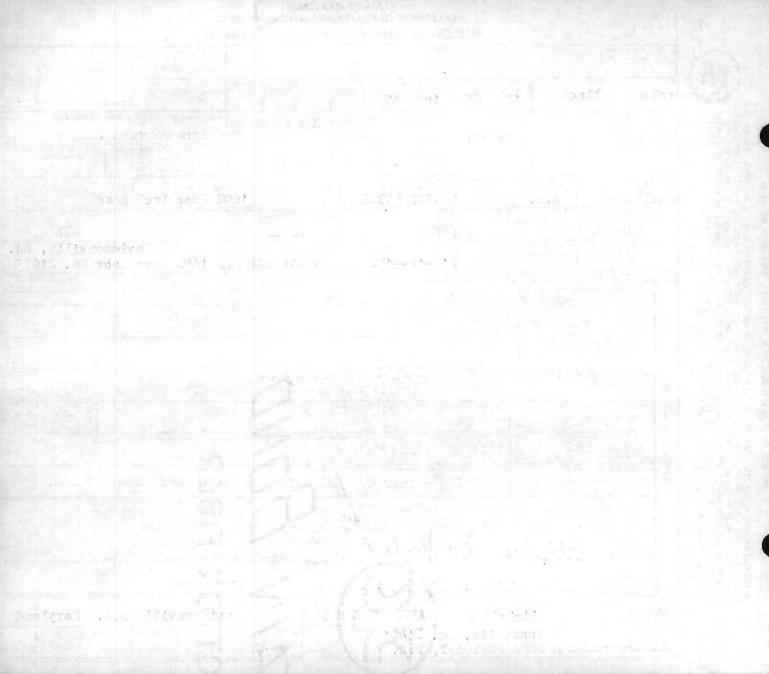
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WII-	FOR STATE				MENT OF	HEALTH		ENTAL		_	. 5	-23	1 0	
N. DE	REGISTRAR CEASED NAME	FIRST	WEI	MIDDLE	EXAMIN	IER'S C	ERTIFIC	CATEC	OF DEA		REG. N	IO.	DAY Y	EAR 2b. HOL
	PE OR PRINT)	Coor	70 TA	Jells		Г	ixon.	Sr		OF DEATH	ESTI-	X - 1	23 198	10.110
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FC	RTHPLACE (ST	TATE OR	7b. CITIZEN OF WH			8. MARR	ED NE	VER MARR	IED 🗆		ORE CITY	OR COUN	23 198	
	lesvil]		USA 11. NAME OF HOS			WIDOW E, OR OTH		DIVORC	12e_USU	Anne	ATION (TYP	del (	12b. KIND C	F BUSINESS
11511	Gales	ville	(IF NOT IN SUCH FAI 4846 OR OTHER INSTITUTION, GIV	Rive	rside	Drive			Boa	t Fin	isher	•	Marin	a
13a. S	TATE Md	13b COUN AAC	ITY	13c CITY Gal	OR TOWN [esvil]	Le	13d. INSIDE C	NOXIX	134SIR	6 Riv	ersid	de Dr	. 20	765
	ATHER'S NAME FIRST Win	Nutwel	l Dixon		LAST		is moth	ER'S MAIDE	EN NAME	MIC	DOLE	Lea	therbu	ry
{Y	VAS DECEASEI ES. NO, OR UNKNO 'CS	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFOR	THAN	Dixon	Jr.	ADDRESS Edgew		,Md.	
	18 CAUSE O	F DEATH (Enter an	lly ane cause per line	far (a), (b	), and (c).)				alki					IMATE INTERVAL ONSET AND DEA
NO	PART 2 OTHER SIG	GNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH B	UT NOT RELA	ATED TO THE TERM	NINAL DISEAS	OR CONDITIO	N GIVEN IN PA	RT 1 (a).					
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MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS OR NG CAUSE OF I	21b. TIME OF HOUR A.M. DEATH P.M.		DAY YEA	21c. Ho	OW INJURY	OCCURRE	D LENTER N	IATURE OF INJU	RY IN ITEM 18	PART I OR P	YES	U NO 5
MEDIC	21d. INJURY CO WHILE AT WORK		21e PLACE C STREET, FACT		(AT HOME		CATION			CITY OR TOW	N	CC	YTMUC	STATI
	22a   certif death results ACTUAL SIGNATURE	/ A	ge of the remains designed causes Type	Med obo	1	Autop	, Hamio	PECIFY)	Undete	Inquiry	ner .	nd in my o DATE SIGN		1/24/8
	EXAMINER'S (TYPE OR PRIM	VT)		ith,			ADDRESS_			St.Ba	lto.	Md.		
Ë	Burial	TION, REMOVAL 2	11 26 83		name of ce odfie		meter	У	Gal	CATION PRIOWN Lesvil		ACO M		STATE
	NAME rdesty		dgely Ave	; Anna	apolis	,mD.2	1401	NOV	29	1983	246. REG	JSTRAR'S	IG MATURE	uf.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-**EDMONDS** CHARLES D. DEATH MATED 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE HOUR MONTH LAST BIRTHDAY) male black PRONOUNCED 67 YRS 10 16 12:40 DEAD 11-4-83 10 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA U.S.A. Anne ARundel County WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH ATTHE SURREINGE TRECODRESS General Hospital Annapolis USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1692 Ross Back Road 13b COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? MARYLAND DAVIDSONVILLE A.A. NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MIX ANNIE SAMUEL EDMONDS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDREDavidsonville. Md. (YES, NO. OR UNKNOWN) 218-12-9132 NO EVELYN EDMONDS 1692 Ross Bakk Rd. 21035 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wond of head DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION OF HE JRIAL, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? STATE DEPARTMENT, 21201 PRIOR TO BU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO CAUSE OF DEATH MEDICAL 1892 Ross Back Road Tow Davidson volte. Md. WHILE AT WORK AT WORK X PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALLTMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above ADD aDN Xu) opsy TITLE (SPECIFY) DATE SIGNED 11-4-83 EXAMINER'S NAME 111 Penn STreet Margarita A. Korell, M.D. TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION BURTAL Davidsonville A.A. Maryland 11-9-1983 LAKEMONT CEMETERY BP 24 FUNERAL DIRECTOR Annapolis, Md. 21401 250. DATE REC'D. BY REGISTRAR 25b. PEGISTRAR'S SIGNATURE **DHMH** - 17 WILLIAM REESE & SONS MORTUARY, P.A. (VR A15 ME (5)) 20M 4/82



41	1			STATE OF MARYLAND	54	
1-1-	1	FOR - STATE REGISTRAR	DEP	PARTMENT OF HEALTH AND MEN' CERTIFICATE OF DEAT	TH .	8 5 7 5
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ay be age 3 death	(TYI	EORPRINT) Dr. Hhi	· C.	Ferrier	November	29.1983 2:15 pm
- pog	3. SI	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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by the filled with	3 10.0	ONA ONLS	11. NAME OF HOSPITAL, N	SURSING HOME OR OTHER INSTITUTE ESTREET ADDRESS!	(TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY  Spec. Ft Mead
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ig Ic	14. F	ATHER'S NAME FIRST	MIDDLE LAS	15. MOTHER'S MA	IDEN NAME	LAST
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cote be executable to be secutable to be executable to be		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	L SECURITY NO. 17 INFORMANT	ADDRESS	
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icate b hysicia papers oval.		18 CAUSE OF DEATH (Enter or	nly ane cause per line for (0), (	(b), and (c).)	STARL SUDJECT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TTEN Distriction of His		saw the deceased alive of	ot) frew the body after death.	19 de , and that in (my) Jour	opinian death occurred on the date and h	aur and fram the causes stated
OR ATTEN e haspital DIRECTOR pached for un Dept. of H		22b. SIGNATURE	or yiew the body after death.	DEGREE		22c. DATE SIGNED
the state of the s		100	tun	ATTEN PHYS	NDING MEDICAL STAFF	11/29/23
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sho will	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY OR CREM	AATORY 23d LOCATION	COUNTY
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DHMH - 16 50M 4/82	24	UNERAL DIRECTOR		12 Ridgely A	25a. DATE REC'D. BY REGISTRAR 25b. RE	STRAR'S SIGNATURE
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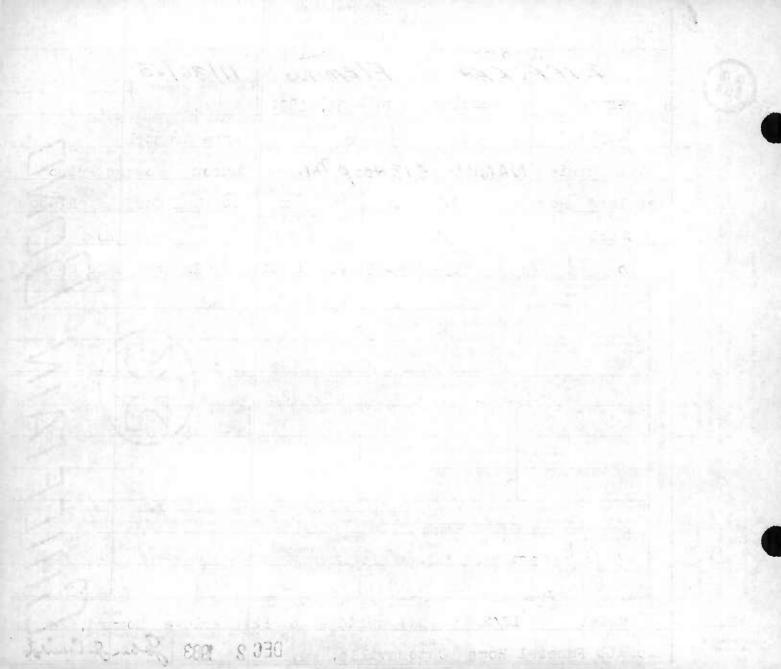
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(VRA 15, 4)

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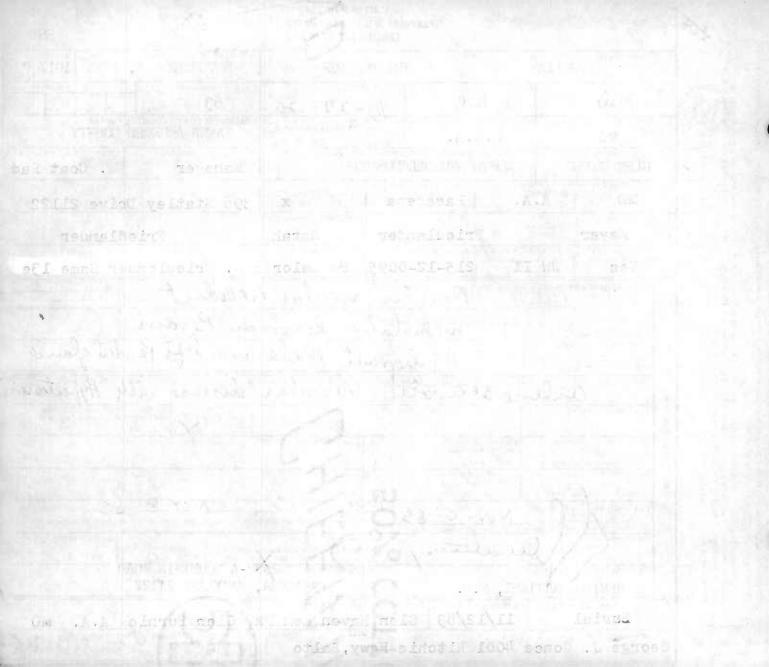
BAITIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

(VR A 15 (41)

0	Y	1.	STATE REGISTRAR			DEPA		ICATE OF DEATH		NE REG. N	10			
			CEASED NAME OR PRINT	Dani	RACE	WIDDLE	Fre	edenbur	a	DATE OF DEATH	MONTH	DAY 8	83	2b. HOUR  30 M
	h. Poge 4	1	RTHPLACE   STATE OR FO		Cau (	Tas far	MONT	29 19	16	BALTIMORE CITY	YRS.	MONTHS	DAYS	HOURS MIN.
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BALTIMORE, MARYLAND 2120	hin 24 hours		AL RESIDENCE (IF NURSI) TATE  ATHER'S NAME	13b COUNTY	HER INSTITUTION	136 TITY OR 1	EFORE ADMISSION)	13d. INSIDE CITY LIM YES NOTHER'S MAIDE	X	3. SIREET ADDRESS	ar k	Janh	an 1	Rd. #211:
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LTIMOR	cion and co		YES, NO OR UNKNOWN) YES 18 CAUSE OF DEATH	W.W.	AR OR DATES)	139-0	5-8415	"318"Bar Mrs.Ver					#2	Md. 1122 ATE INTERVAL SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., I	equires that the death certific is signed by the attending phy. Then please remove carbango to burial, cremotion, arremonion, are mility, or other traumotic event	NO	Conditions, if ony, gove rise to imm couse (o), stofing underlying couse	which ediote 1 the lost.	DUE TO, (b)  DUE TO, (c)	OR AS A CONSE	OUENCE OF	NOT RELATED TO THE	TES TERMIN	AL DISEASE OR CON	IDITION G	IVEN IN F	PART 1(o)	
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•	oy the hospital oy the hospital oy the hospital office CTOR. detoched for us fore Dept. of He 21 is.		sow the deceose obove(1) (we) (d 22b. SIGNATURE	d alive on did (did not) v	iew the bod		9 83.0		ING	oth occurred on the commedical STA	.FF		c. DATES	
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C	DHMH-16 30M 2/80	34 F	Truman Sc	hwab	515	1 Bal	to.Nat	'l.Pike	50. DATE F	REC'D. BY REGISTRAL	25b. REGI	STRAR'S	SIGNATU	RE

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Beal K Funeral Home, Bowie, Maryland

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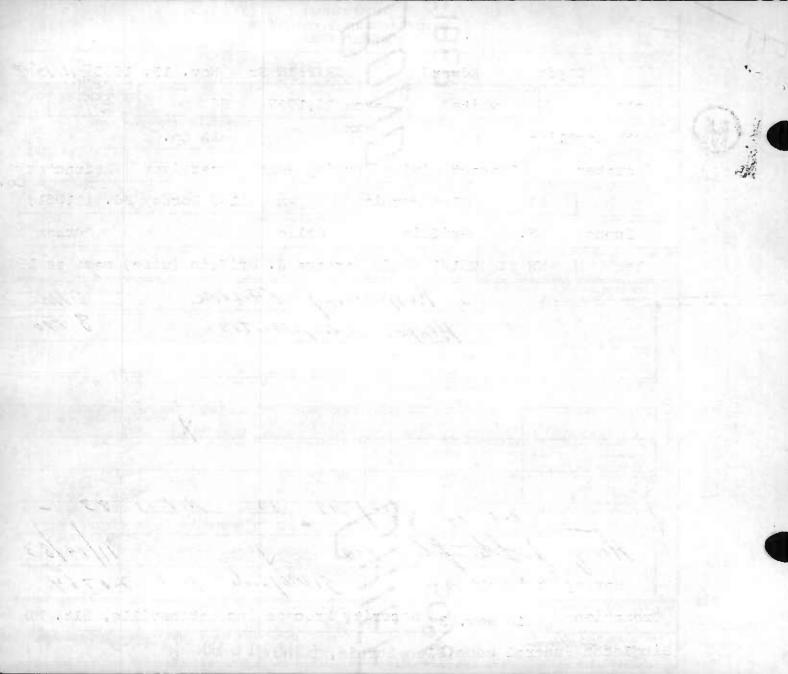
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DING PH or after this se as the b colth and I		WEI	WHILE NOT WHILE AT WORK  270.1 certify that (1) (this haspi	(AT HOME STREET, FAC	TORY, OFFICE FA	RM ETC )	STREET	CITY OR T	1/ <del>2</del>	COUNTY	state	
ITAL OR ATTEN by the hospital by the DRECTOR e detoched for us state Dept. of He			saw the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME   1778 C	t) view the body after a	19_0	_	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 1	MEDICAL STA	FF CIAN []	22c. DATE AY, S.E.	SIGNED	
TO HOSPITAL retained by t TO FUNERAL should be det with the STANT.			PRED F. TAHN		23c N	AME OF C	75GLEN BURN	23d. LOCATION	ND SA	1961 B v su		
BP			Cremation	1 1000	3 Me	trop	litan Crem	Alexand REREC'D. BY REGISTRAL		COUNTY V: STRAR'S SIGNAT	STATE URE	
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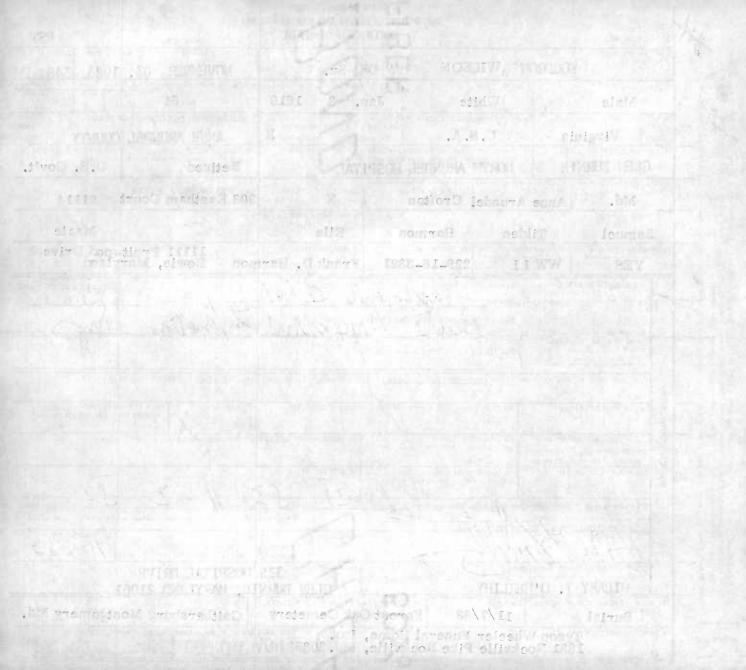
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S NECESSARY RESPONSE E S FOR YOUR PEON WITHIN 72 HO	3. SEX 4. RACE Weg  To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED	DAYS HOURS MIN. PRONOUNCED DEAD	19 M
> E E E E E E	Washington, D.C.  10. CITY OR TOWN OF DEATH  Annapolis	USA WIDOWED  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER I (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Anne Arundel General Hosp	INSTITUTION 120 USUAL OCCUPATION (TVO) OF WOL	OR INDUSTRY
D. 21201 F ANY D 3. RETAIN SHOULD 31 FECORD	USUAL RESIDENCE (IF, IN NURSING HOME 130. STATH 4 13b. COU	TA GAMBRITIS Y	d. INSIDE (ITY LIMITS? 130. STREET ADDRESS DEFE YES NO 1300 DEFE	ese Hay
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RETA SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOUL E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORD OF PROPERTY OF REMOVAL.	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .  PART 2 OTHER SIGNIFICANT CONDITION	e / (b)	R CONDITION GIVEN IN PART 1 (a).	
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA PAGE 4 SHOULD BE FORWARDED TO THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, A BALTIMANDE, MARYLAND, 21201 PRIOR TO BHALL, CREMATION, OR REMOVAL.	22a. I certify that I taak char	Clear of SAR		1 /-
Bb———BAFILL	230. BURIAL, CREMATION, REMOVAL (SPECEFY)  Burial  24 FUNERAL DIRECTOR	73b. DATE 23c. NAME OF CEMETERY OR C 12-1-83 Lakemont Cemete	CREMATORY 23d. LOCATION	
DHMH - 17 (VR A15 ME (5) ) 15M 2/80	Beall Funeral Hom	16000 Annapolis Road ne, Bowie, Maryland 20715	NOV 3 0 1983 Franc	I Cohelf

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STATE OF MARYLAND FOR STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

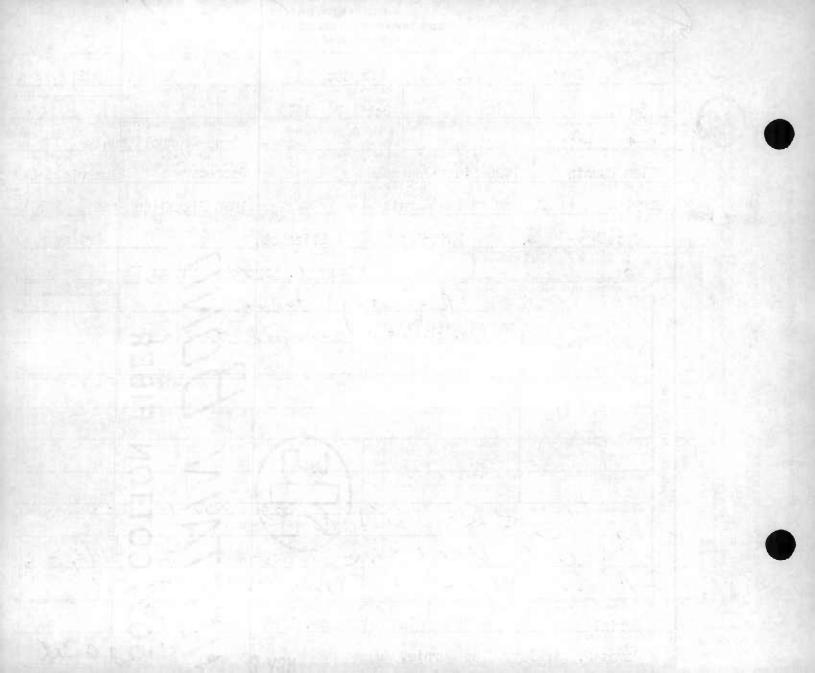
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	3. SEX	Χ		4. RACE		5. DATE (		YEAR	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DA		DER 24 HR
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9'	IFICATION	gove rise to couse (a), s underlying co	immediate toting the puse last.	DUE TO, O  (c)  CONDITIONS C	OR AS A CONSE	OUENCE OF	NOT RELATED TO	THE TERMIN	AL DISEASE OR CO	20b. IF YE IN CERT	S, WERE FIN	DINGS U	ATH?
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DHMH - 16 50M 1/81 (VRA 15, 4)

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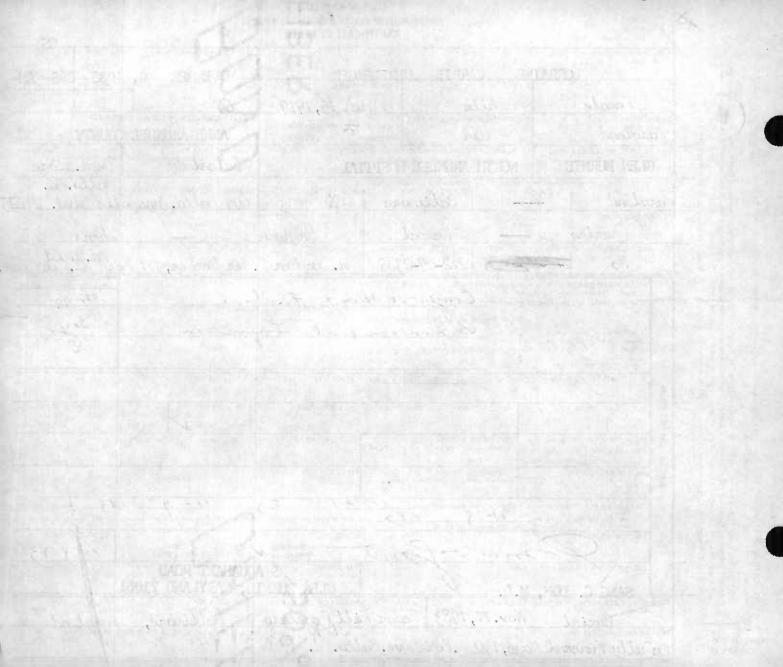


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Singleton Funeral Home Glen Burnie, MD

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

IF UNDER 24 HRS

Hyslop

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

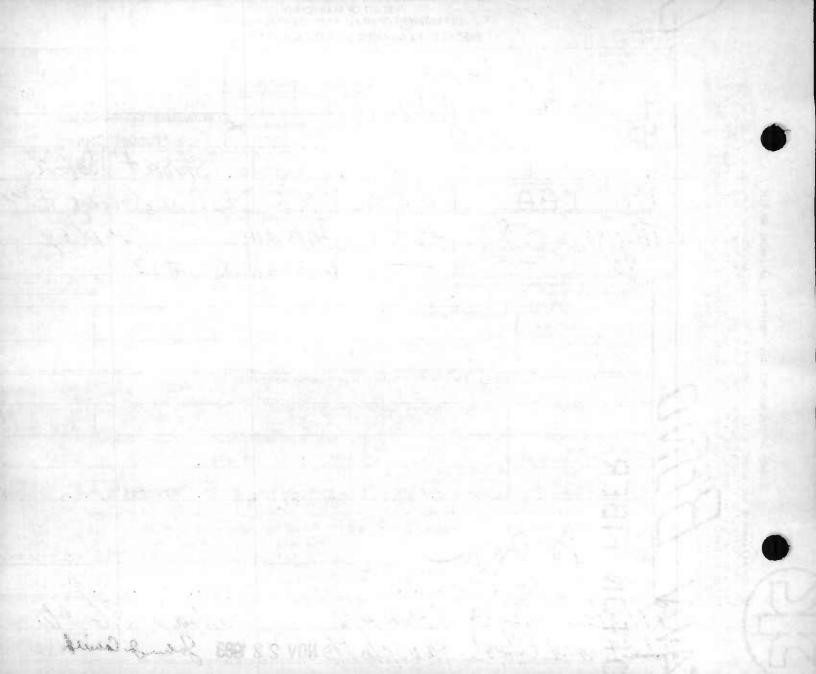
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STATE OF MARYLAND

1.	UNKNOWN #83-	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2 8	3 9 4
1	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 25. HOU
	EVAN	SHIPLEY HOOK OF ESTI-	31 19 83
J SE	X 4. RACE S.	DATE OF BIRTH ARE LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2 HOLE
1	Y WHITE	1 24 /46/ /6 YRS. DEAD 11	17 19 83 a A
1":	PLACE ISTATE OR 76	. CITIZEN OF WHAT COUNTRY?	ITY OF DEATH
38 C	IT OF TOWN OF DEATH	WIDOWED DIVORCED Anne Arundel  NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF MORK	County MI
C	MIS CONN	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST Q WORKING LIFE)	DR INDUSTRY
USU	t. Margaret's w	oods-off Meadowview Rd. & Viewtop Ct. ) TUDEW ( THER INSTITUTION, GIVE REPRENCE BEFORE ADMISSION)	21,000
130.	13b. COUNTY	13d. INSIDE (ITY LIMITS? 13e, STREET APPRESS! YES NO [] 220 PEINCE GE	ORGE SE, 401
1	ATHER'S NAME	NIDDE 16-MOTHER'S MAIDEN NAME MIDDLE	to the
1	HOMAS	D. HOOK HATRICIA SH	PhEY
180	WAS DECEASED EVER IN U.S., ARMET YES, NO OR UNKNOWN) (IF YES, GIVE WAR	FORCES?	
-	100	THIPICIA HOOL #12	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY	rne cause per line for (o), (b), and (c).) Y:	BETWEEN ONSET AND DEATH
	953 SIMMEDIATE C	AUSE (a) Hanging  ( DUE TO, OR AS A CONSEQUENCE OF	
1	Conditions, if any, which	DOE TO, OK NO A CONSEQUENCE OF	
	gove rise to immediate cause (o) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
	lying couse last.	(c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
CERTIFICATION	19a DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
5	THE DATE OF CHARTON	THE CONDITION FOR WHICH OPERATION WAS PERFORMED:	
A E	21g EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	YES X NO
	UNDERLYING X OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
X	WHILE NOT WHILE AT WORK	the second secon	S.A.A. Md.
1			
			pinian
+	death resulted from:		
	ACTUAL MM	TITLE (SPECIFY)  Accientant  DATE	IFD 11-17-83
	SIGNATURE	M.D. <u>Assistant</u> MEDICAL EXAMINER SIGN	IED 11-17-03
X	EXAMINER'S NAME (TYPE OR PRINT) An	n M. Dixon, M.D. , ADDRESS 111 Penn St., Balto., M	ld. 21201
236.	BURIAL, CREMATION, REMOVAL 236.		2.1 11
You	EMATION III	20183 CFMP HILL SUITHAND P.	(r. 040)
24	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAP 256. REGISTRAP'S	SIGNATURE
19	HOR TUWERDLU	HADEL HUNGELIS TO NOV 22 1983 John John	the same



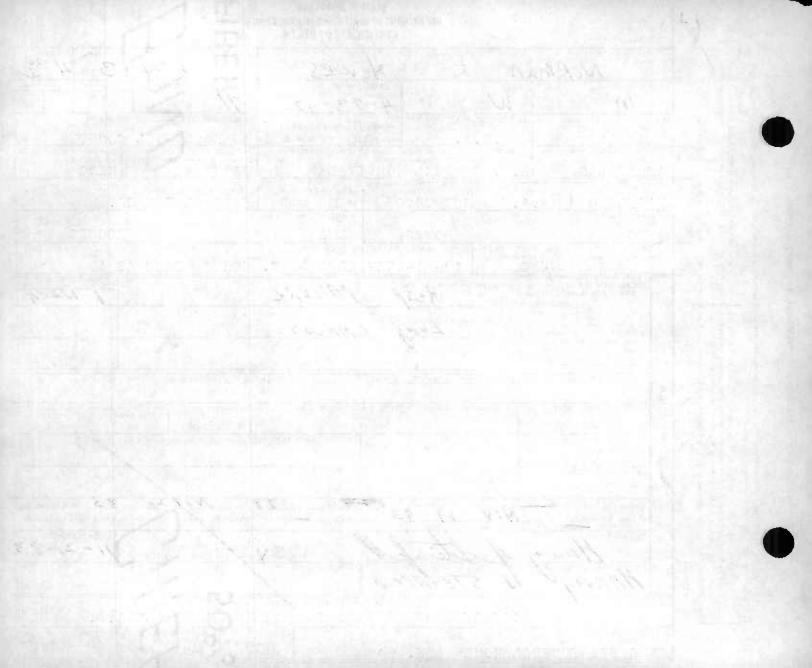
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	64 V 57		-J
	I. DEC	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 21	b. HOUR
	[ TYPE	NORM!	an K	Ho	wes	11	-20-83	, 4	4.30 M
	3. SE)	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER		F UNDER 24 HRS
	1	M	W	11 ONTH	23 - 12 YEAR	7/	YRS	DAYS H	OURS MIN.
-	7a BII	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8.	77	9. BALTIMORE CITY O		ATH	
1		COUNTRY)		MARRIE		9 11/4	75-L-101111		
		MARYLAND	U.S.A.	WIDOWE		ANNE ARU			MD
4	10 C1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GR		OR OTHER INSTITUTION	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		KIND OF B	BUSINESS OR
7	.AN	NNAPOLIS	A.A. GENER	AL HOSP	ITAL	PAINTER	N!	RDC	
ø		AL RESIDENCE (IF NURSING HOME O					77. 44.4		462
1				CHTON	13d. INSIDE CITY LIMITS? YES \( \bigcap  \text{NO [X]} \)	5701 BLA	INE RD.	200	133
		THER'S NAME	A. CHUK	CHION	15 MOTHER'S MAIDEN NAM	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INE RD.	dis def	
1	1	FIRST		AST	FIRST	MIDDLE		LAST	
d	M	1AC		WES	LEAH			GERS	
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRE	SS		
	"	YES WW		01-4857	ELEANOR E.	HOWES S	AME AS	13	
1		10 CAUSE OF DEATH (F-1						APPROXIMA	TE INTERVAL
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	ED BY:	865P	FAILURE		- B		Der
		IMMEDIA	TE CAUSE (a)	105/	7.7.2.7.				
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which  (b)  CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which							
	100	Conditions, if any, which	( (b) Z	VNG C	ANCOR.			- 31	
	-	gove rise to immediate cause (a), stating the	DUE TO, OR AS A COM	ISEOTIENCE OF			ALC: 125		
		underlying cause last.		NSEGOEINCE OF					
		PART 2. OTHER SIGNIFICANT	(c)	IC TO DEATH BUT	NOT BELLIED TO THE YERLIN	NIAL DISEASE OR CON	DIFICAL CINES I BLE	1401.1.	
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIO	NO TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	JITION GIVEN IN P	ARI IIO	
H	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	14011611 00501710		20a AUTOPSY?	20b. IF YES, WERE	FRIDALO	
	Ď.	196 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPST!	IN CERTIFYING C		
	E					YES NO	YES 🗌		NO 🗌
	Ü	210. ACCIDENT WAS UNDERLYING		TH DAY VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	EY IN ITEM 18 PART 1 OR	PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DE	Ain	19	N 20 10 10 10 10 10 10 10 10 10 10 10 10 10				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	17	211 LOCATION				
	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	STREET	CITY OR TO	wn cor	UNTY	STATE
		AT WORK				2 1/11	3 63	-	
		220.1 certify that (I) (this	4/11/ 10	from	. 19	_, to	195		at (I) (we) last
		sow the deceased alive or above. (1) (we still bridge)	ot) view the body after death	_19 <u>83</u> , ar	id that in (my) (and apinion d	leath accurred on the do	ate and haur and fr	am the car	uses stated
		226. SIGNATURE	1 11	1 1 1	REE		22	. DATE SIG	GNED
		Harin	1 15	6 11	ATTENDING	MEDICAL STAF	F	1-2	1-83
-		224 PHYSICIAN'S NAME LYPY	ne ppinal	THE T	ADDRESS	DIRECTOR PHISIC	IAN		
		MARILLE	11 575	Nrew	The state of the s				
		11111111111	VILLI	101 40					
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNT		STATE
	(	BURIAL	11/23/83	WOODFI	ELD CEMETER	Y GALESV	ILLE A.		MD
	74 E1	INERAL DIRECTOR				DEC'D BY DECISTRAD		CNATHE	E S S

DHMH - 16 50M 4/83 HARDESTY (VRA 15, 4)

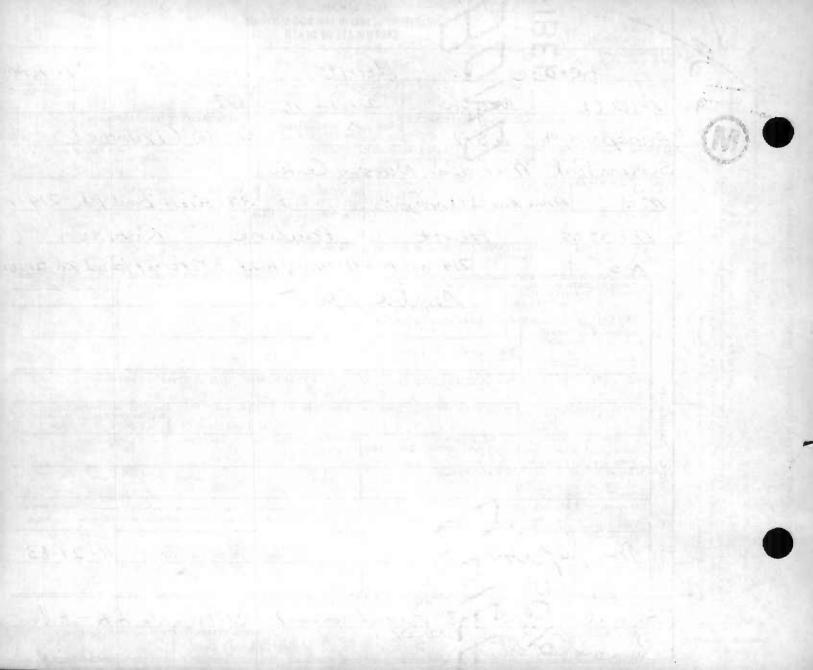
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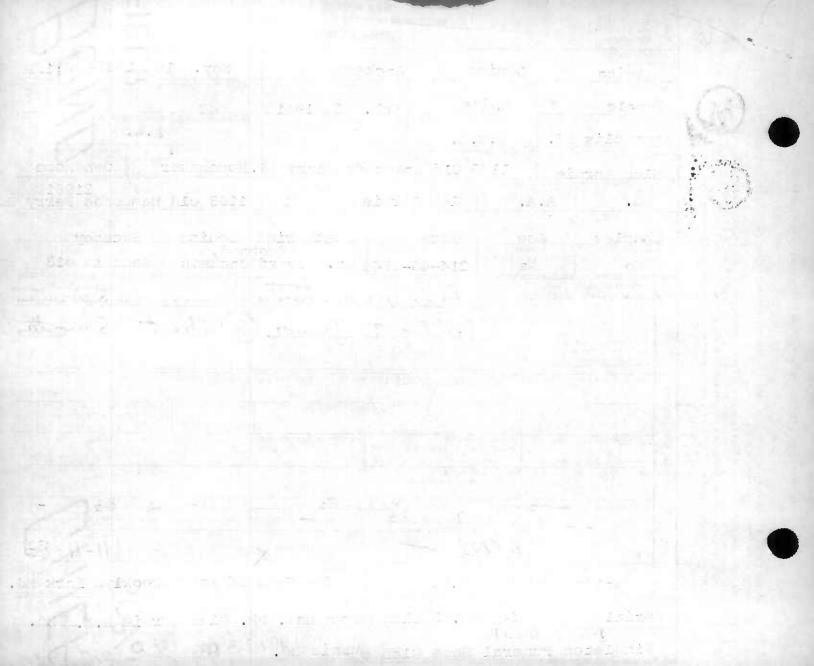
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A	1	STATE REGISTRAR	3b G586 12/	12/83 CW DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIENE 2 B	591	
		EASED NAME	FIRST	MIDDLE	1).	-/-	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	1: SEX	he.	rnel 14 RACE	V.	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1 119	1	nace	Ne		MONTH 2	- 1- 16	67 YR		HOURS MIN.
34		ATHPLACE (STATE OR FO	M. ILL	WHAT COUNTRY	MARRIED	NEVER MARRIED D	anne Ox	NTY OF DEATH	/
	10 CI	Y OR TOWN OF DEAT	H 11. NAME C	OF HOSPITAL, NURSI SUCH FACILITY, GIVE STREE		OTHER INSTITUTION	12a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKIN		F BUSINESS OR
1201	USUA	L RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTITUTI	ON GIVE RESIDENCE BEFO		0			
AND AND		24.	Anne Anno	Wanna	polis	YES NO S	377 Forest L	Bruch Rd.	21401
BALTIMORE, MARYLAND 21201 cote be executed withing 24 hours, ysicion and complete frilladin b opers. Pages 1 and 2 should be fill wall. If the medical examines massible h. It, the medical examines massible h.	14. FA	THER'S NAME FIRST	MIDOIE	U. 11		15. MOTHER'S MAIDEN NA	ME MIDDLE	- 4 :- LAS	ı
MORE, M		AS DECEASED EVER IF	U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES		URITY NO	17. INFORMANT	ADDRESS	00/30	
ALTIMORE te be exect cion ond cions. Poges II.		NO	(Enter only one cause	219-05		many Hu	ent. 372 Fores		MATE INTERVAL ONSET AND DEATH
W. PRESTON ST., at the death certification by the attending phese remove carbana cremation, or remainer troumotic even		Conditions, if any, gove rise to imm cause (a), stating underlying cause	which ediate the lost.  DUE TO  DUE TO  (b)  DUE TO  (c)	OR AS A CONSEQU	JENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION	GIVEN IN PART 11c	0.
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d OF VITAL RI SICIAN: The ic operation. certificate hos riol-transit per entol Hygene ltem 18 shower		21q. ACCIDENT WAS UNDE OR CONTRIBUTING CA	AUSE OF DEATH HOUR	E OF INJURY A.M. MONTH [ P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	TS PART I OR PART 2)	
DIVISION O DING PHYSIC or attending a After this cert e as the burial olth and Mente	MEDICAL	21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK	D 21e PLA	CE OF INJURY STREET, FACTORY, OFFICE.		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
R. B.			this hospital) attended	the deceased from		. 19	, to		that (I) (we) last
OR he he he bocher Dep		DESIGNATURE	en lan	dy after death.		EGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	
TO HOSPITAL TO FUNERAL should be det with the Store		ZM. PHYSICIANIÉ NAI	ME I THE CH PRINTS			22e ADDRESS			
BP	230 B	URIAL, CREMATION, R	EMOVAL 23b. DATE	3-83 A	NAME OF CE	METERY OR CREMATORY Broadneck	23d. LOCATION	Sounix C	M STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU	NERAL DIRECTOR	Annopole Mortu	any ADDRESS	0/		TE REC'D. BY REGISTRAP 256. REC V 3 0 1983	GISTRAR'S SIGNAT	URE





Payage of the son of the property and the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page

etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director per should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

with the State Dept. or recommended or Item 18 shows any injury, or other traumatic event, the medical exemines must be patified at once

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. N	0.	
1. DECEASED NAME FIRST	aret MIDDLE E.	LAS	ones	2a. DATE OF DEATH	MONTH 16 83	S SP M
3 SEX Female	4. RACE WHITS	5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR	(HDAY) # UNDER TYEA MONTHS DAY YRS.	
A BIRTHPLACE (STATE OR FOREIGN  A POUNTRY)  A PO C 18	76. CITIZEN OF WHAT COUNTRY U-SA-	MARRIED WIDOWED	□ NEVER MARRIED □  DIVORCED □	9. BALTIMORE CITY OF	PREUNDEL	
ANNAPALIS	11. NAME OF HOSPITAL NURSI	ING HOME OR		120. USUAL OCCUPATE TYPE OF WORK FOR MOST OF HOUS 2W /	ON 126. KIND OF WORKING LIFE) INDUSTR	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR 130. STATE)	OTHER INSTITUTION, GIVE RESIDENCE BEFORM	ORE ADMISSION)	3d. INSIDE CITY LIMITS?	130 STREET ADDRESS		21401
A FATHER'S NAME FIRST  HARLES	WEKER LAST	1	S. MOTHER'S MAIDEN NAM			LAST
60 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b SOCIAL SEC E WAR OR DATÉS)	CURITY NO.	MIRS GEORGE	S. MORRIS	627 B2876.	ATE RD.
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT COUPLE OF OPERATION  71g. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DEATH BUT N	+MIBI	INAL DISEASE OR CON-	206. IF YES, WERE FINE	DINGS USED
21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21. HOW BUILDY OCCUPA	YES NO	IN CERTIFYING CAUSI	NO 🗌
THE ACCIDENT WAS UNDERSTINED ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	TH HOUR A.M. MONTH	DAY YEAR 19	21c. HOW INJURY OCCURE 211. LOCATION STREET	CITY OR TO		STATE
	to liew the body ofter deoth.	83, ond	that in my (our) opinion of GREE  ATTENDING PHYSICIAN TO THE CONTROL OF THE CONTR	MEDICAL STAL	FF 27c. DA	that (5 (we) lost the couses stated TE SIGNED TO SIGNED TO SIGNED TO SIGNED
Burial, CREMATION, REMOVAL	11/19/83 B	HALLER!	METERY OR CREMATORY	AND AF	DLIS AA	MD

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR
TAYLOR FUN PADDRESS 2140 ( PNNATOUS MD tunera

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				STATE OF MARYLAND	3 2 2	6 D 1
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 64 O	0 0 1
(n)	1. DÉ	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  70. DATE OF DEATH MONTH	DAY YEAR 76. HOUR
1/4		Regin	IALD THEOR	OF TONES	11-	-110-83 7:30 AM
D .	3. SE		1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR OF UNDER 24 HRS
		MALE	WHITE	7 13 02	. 81 YR	S.
72 hou	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	
2	10.0	ITAPYLA N.D.	US H	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	HANNEHI	TIZENTIND OF BYSINESS OR
Per 3	A	NNapolis	ANNE Aru	Ndel General	12g USUAL OCCUPATION  APEDIS WORK FOR MOST OF WORKING  IVIL DERUIC	
ould be		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO 31. CITY OR TON	113d INSIDE CITY LIMITS?	130.STREET JODRESS ZUICE	E. St. 21401
Sxamine A	14. F/	THERSINAME	MIDDLE TOURS	15. MOTHER'S MAIDEN N.	AME MIDDLE	MACE
medicol &		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS #	13
e me		NO -	219-167	643 MILDRED U	JOHRS #	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent, th		PART I. DEATH WAS CAUSE		nd (c).)	ic Arbico	BETWEEN ONSET AND DEATH
or ren		5334 IMMEDIA	TE CAUSE (o)	EUCE OF OIL OIL	Jacob Jacob	
ian, d		Conditions, if ony, which	DUE TO, OR AS A CONSEOL	Ope In	Jarluctern	
emat er tre		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	INCEROF . h	7. 0	
or ath	1	underlying couse lost.	( 10) A.	Wedley Py	d'i vlee	
njury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
any in	CERTIFICATION	190. DATE OF OPERATION	0 0000	CHRATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
shows	IF	119183.	Decolery	Pal'cula	YES NO	RTIFYING CAUSES OF DEATH? YES NO
Are item 18 shows		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	THOUGH A ALL MACANITUS O	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2)
Item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19 21F LOCATION		
	MED	21d, INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR IOWN	COUNTY STATE
marked		27g L cortify that (I) (this hash	ital) attended the deceased from	115 198	10 (1/6)	
21 65		saw the deceased plive or		ond that in (my) (aur) opinio	n death occurred on the date and	
Hem Hem		22b. SIGNATURE	A COMMINICATION OF THE BOOK SHIPE GEOME	DEGREE		77c. DATE SIGNED
Z T T	100	Ser)	Malide		MEDICAL STAFF  DIRECTOR PHYSICIAN	(Illar)
the S		STENHEU B.	4:2+ABIDHE	MELVIN) AVE	Aura polis	MD.
with MPO	23a	BURIAL, LREMATION, REMOVAL	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	PA LOCATION	DM 11=
	1	DURIAL	11/19/83	+. HNNES	HUNAPOWS	HH MU.
M 4/83	24 F	UNERAL DIRECTOR	MILANI CAPES	and Mo	ATE REC'D. BY REGISTRAN 256. REC	SISTRAK S SIGNATURE
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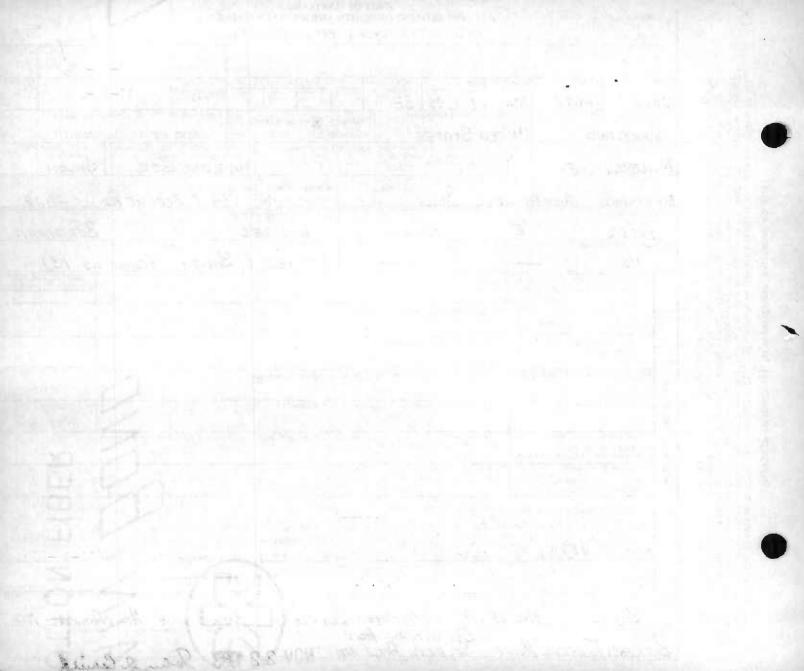
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7	1.	FOR STATE REGISTRAR	DI	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 6 0 3	
ge 3		OR PRINT) CONSTAI	ue E	Judo	AST	11-	20-83 3	130/PN
ge 4 may be ector. page 3 us offer death	3. SE		4 RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRTHE	YRS.	UNDER 24 HRS, DURS MIN,
leath. Po		RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8. MARRIE WIDOWE	DINEVER MARRIED DINORCED	Anne Arund		MD
s ofter of	Ar	napolis	11. NAME OF HOSPITAL, AF NOT IN SUCH PACILITY, GI	VE STREET ADDRESS)	URAL HER	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Homemaker	VORKING LIFE) INDUSTRY Domest	ic
n 24 hau Things	13a. 3		NTY 13c. CITY C		13d. INSIDE CITY LIMITS? YES NOX	13. STREET ADDRESS / Z 1718 Falls	vay Drive	1114
ecuted within	2	Clarence	C. Eas	stlack	15. MOTHER'S MAIDEN NAME FIRST	MIDDIE M.	Smit	
n and n. Page		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIN	VE WAR OR DATES	-30-8801	Charles Jude		718 Fallsway ofton, Marylan	d
quires that the death considered by the attending the please remaye carb to buried, cremation, artiginy, or ather traumatical	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A COL  (b)  DUE TO, OR AS A COL  (c)  CONDITIONS CONTRIBUTION	NSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 110	
The law relation.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		OB. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES \	
Syl So of E		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	N ITEM 18 PART T OR PART 2)	
DING PHYSICIA or ottending p After this certi ie as the burial- alth and Menta marked ar Item	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TOWN		STAIE
TTEN pital TOR: far us af He		22a.1 certify that (I) (this hasp sow the deceased alive on above, (I) (we) (did) (did	. / (		nd that in (my) (our) apinion (	death occurred on the date	ond hour and from the cou-	
SPITAL OR AT J by the hosp VERAL DIRECT be detached the State Dept.		22d PHYSICIAN'S NAME (1YPE	Him		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIA	22c. DATE SIG	1
TO HOSPITAL TO FUNERAL should be det with the State		S. P. WA	TKINS	In Newson		Tax LOCATION		
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 11-23-83		ark Cemeyery	23d. LOCATION CITY OR TOWN	Gloucester.	STATE J.
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18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)   PART I DEATH WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF   Conditions, if ony, which gave rise to immediate couse (a) stating the under-lying cause last.   OF DUE TO, OR AS A CONSEQUENCE OF	5.5
18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)   PART I DEATH WAS CAUSED BY:   PART I DEATH WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF   Conditions, if ony, which gave rise to immediate couse (a) stating the under-lying cause last.   OUE TO, OR AS A CONSEQUENCE OF	CM
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166 WAS DECEASED EVER IN U.S. ARRED FORCES? (YES, MO, OR UNINNOWN) (IF YES, GIVE WAR ORD DATES)   166 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)   BART I DEATH WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE OF   Conditions, if ony, which gave rise to immediate (couse (o)) stoting the underlying cause last.   DUE TO, OR AS A CONSEQUENCE OF   Couse (o) stoting the underlying cause last.   DUE TO, OR AS A CONSEQUENCE OF   Couse (o) stoting the underlying cause last.   Due to, OR AS A CONSEQUENCE OF   Couse (o) stoting the underlying cause last.   Due to, OR AS A CONSEQUENCE OF   Couse (o) stoting the underlying cause of the underl	
Conditions, if ony, which gave rise to immediate couse (a) stoting the underlying cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH  211 INJURY OCCURRED  212 INJURY OCCURRED  213 INJURY OCCURRED  214 INJURY OCCURRED  215 PLACE OF INJURY  HOUR A.M. MONTH DAY YEAR  216 PLACE OF INJURY (ATHOME.  217 INDOMESTING  218 PLACE OF INJURY (ATHOME.  219 PLACE OF INJURY (ATHOME.  210 INJURY OCCURRED  211 INJURY OCCURRED  212 INJURY OCCURRED  213 INJURY OCCURRED  214 INJURY OCCURRED  215 INJURY OCCURRED  216 INJURY OCCURRED  217 INDOMESTING  218 PLACE OF INJURY (ATHOME.  218 INJURY OCCURRED  219 PLACE OF INJURY (ATHOME.  219 PLACE OF INJURY (ATHOME.  210 INJURY OCCURRED  211 INJURY OCCURRED  212 INJURY OCCURRED  213 INJURY OCCURRED  214 INJURY OCCURRED  215 INJURY OCCURRED  216 INJURY OCCURRED  217 INDOMESTING  218 PLACE OF INJURY (ATHOME.  219 PLACE OF INJURY (ATHOME.  210 INJURY OCCURRED  211 INJURY OCCURRED  212 INJURY OCCURRED  213 INJURY OCCURRED  214 INJURY OCCURRED  215 INJURY OCCURRED  216 INJURY OCCURRED  217 INJURY OCCURRED  218 INJURY OCCURRED  219 INJURY OCCURRED  210 INJURY OCCURRED  210 INJURY OCCURRED  211 INJURY OCCURRED  212 INJURY OCCURRED  213 INJURY OCCURRED  214 INJURY OCCURRED  215 INJURY OCCURRED  216 INJURY OCCURRED  217 INJURY OCCURRED  218 INJURY OCCURRED  219 INJURY OCCURRED  210 INJURY OCCURRED  210 INJURY OCCURRED  210 INJURY OCCURRED  211 INJURY OCCURRED  212 INJURY OCCURRED  213 INJURY OCCURRED  214 INJURY OCCURRED  215 INJURY OCCURRED  216 INJURY OCCURRED  217 INJURY OCCURRED  218 INJURY OCCURRED  219 INJURY OCCURRED  210 INJU	160.
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TITLE (SPECIFY)  VES XX    10 EXTERNAL CAUSE WAS   21b TIME OF INJURY   HOUR A.M. MONTH DAY YEAR   21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  VES XX    21a EXTERNAL CAUSE WAS   21b TIME OF INJURY   HOUR A.M. MONTH DAY YEAR   21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  VES XX    21a EXTERNAL CAUSE WAS   21b TIME OF INJURY   HOUR A.M. MONTH DAY YEAR   21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  VES XX    21a EXTERNAL CAUSE WAS   21b TIME OF INJURY   HOUR A.M. MONTH DAY YEAR   21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  VES XX    21a INJURY OCCURRED   VENT OF TOWN   COUNTY   STREET   CITY OR TOWN   COUNTY   184 O Brecht Rd., A.A.Co., Mary I   1	CREMAT
210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 11-? 1983 Self/ingested  210. INJURY OCCURRED CONTRIBUTING CAUSE OF DEATH ? P.M. 11-? 1983 Self/ingested  210. INJURY OCCURRED CONTRIBUTING CAUSE OF DEATH ? P.M. 11-? 1983 Self/ingested  210. INJURY OCCURRED CONTRIBUTING CAUSE OF DEATH ? P.M. 11-? 1983 Self/ingested  210. INJURY OCCURRED CONTRIBUTING CAUSE OF DEATH ? P.M. 11-? 1983 Self/ingested  210. INJURY OCCURRED CONTRIBUTION OF PART 1 OR PART 1 OR PART 1 OR PART 2)  210. INJURY OCCURRED CONTRIBUTION OF PART 1 OR PART 2)  210. INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1 OR PART 2)  210. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1 OR PART 2)  210. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1 OR PART 2)  210. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1 OR PART 2)  210. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1 OR PART 2)  210. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1 OR PART 2)  210. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1 OR PART 1 OR PART 1 OR PART 2)  210. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1 OR PART 1 OR PART 1 OR PART 2)  210. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	IFICA
216 INJURY OCCURRED WHILE NOT WHILE AT WORK XX HOME  216 PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  184 O'Brecht Rd., A.A.Co., Mary I  220. Leertify that I took charge of the remains described abave, held an death resulted from: Natural causes  Accident Suicide XA, Hamicide Undetermined manner Undetermined Manne	3 ALGER
death resulted from: Natural causes Accident Suicide Accident Undetermined manner .  TITLE (SPECIFY)	MEDIC
M.D. ASSISTANT MEDICAL EXAMINER SIGNED 11-19-	
EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street	NO.
230. BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OF CREMATORY 236 LOCATION CULTURE OF COUNTY SURVINE ANNELSKY OF CREMETERY CALL NOV. 23, 1983 CLEN HAVEN CEMETERY CALL BURNIE ANNELSKYNDER	3



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH DECEASED NAME FIRST 2b. HOUR TYPE OR PRINTS Minna 21 83 E. Kaiss 11 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE LINDER 2 4 MRI 3. SEX 5. DATE OF BIRTH MONTH female white 18 1878 104 70. BIRTHPLACE ESTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Germany Anne Arundel County WIDOWEDX DIVORCED II CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12b. KIND OF BUSINESS OR (FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
33 Hammerlee Rd. Glen Burnie Md. (TYPE OF WORK FOR MOST OF WORKING LIFE)
housewife INDUSTRY Glen Burnie USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131 COUNTY
131. CITY OR TOWN 21061 Glen Burnie 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. A.A. 233 Hammerlee Rd. Glen Burnie 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Gotilieb Raddeitz Gast Henerettea 16b SOCIAL SECURITY NO. 233 Hammerlee Road WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 212 46 9100 Frank W. Kaiss Jr. Glen Burnie Md. 21061 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NO NO F 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM, ETC 1 WHILE NOT WHILE 11-220.1 certify that (1) (this hospital) attended the deceased from 111 2/ saw the deceased alive on. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN IN DIRECTOR PHYSICIAN I 22e ADDRESS ORONGON MI)

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

(SPECIFY)

23e. BURIAL, CREMATION, REMOVAL

burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

23d. LOCATION Baltimore City

STATE

4001 Ritchie Hwy 21225 George J. Gonce

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(VRA 15, 4)

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Admin		no druged looked the little	to are	

BP.

(VRA 15, 4)

## STATE OF MARYLAND

	- STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	EST
	I. DECEASED NAME ANNIE	MAUDE KI	RKPATRICK	NOVEMBER 4,	1983 10:05 A
1	3. SEX 4	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	FEMALE	WHITE	9/8/1897	86 YRS	MONTHS DAYS HOURS MIN.
	To, BIRTHPLACE (STATE OR FOREIGH 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1	VIRGINIA	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL	COUNTY MD.
1	GLEN BURNIE	NORTH ARUNDE	L HOSPITAL	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE SALESPERSON	126 KIND OF BUSINESS OR INDUSTRY RETAIL
7	ISUAL RESIDENCE (IF NURSING HC OR OTH 130 STATE MARYLAND	13c CITY OR TOWN	N 134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 654 MIDDLESEX RO	DAD 21221
1		RIDGE ANDREWS	1111011	VIRGINIA	MATTOX
	160 WAS DECEASED EVER IN U.S. ARME (YES. 100 UNKNOWN)   IF YES, GIVE W	353.09.59	940 ROSEMARY G.	ADDRESS KIRKPATRICK SAM	IE AS 13e.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE CO. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF OSCV!		
	PART 2. OTHER SIGNIFICANT COIL  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	nditions <u>contributing to d</u>	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
	OR CONTRIBUTION CAUSE OF SCATT	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCUR	YES NO YES	S NO
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, FA	00	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an abave, (1) (we) (did) (did not)	19 8	· ~ ·	death accurred an the date and have	19 , that (I) (we) last r and fram the causes stated
	276 SIGNATURE	44000	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	22d. PHYSICIAN'S NAME (THE	HWT) X	22e. ADDRESS 273.	F PENINSULA F	ARM ROAD

MPORTANT: If hem 21 is 230. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION 736 DATE

ELMO M.

231. NAME OF CEMETERY OR CREMATORY

ARNOLD, MD. 21012

11/5/1983

GREEN MOUNT CREMATORY

234. LOCATION
CITY OF TOWN
BALTIMORE

MARYLAND

DHMH - 16 50M 4/83

74 FUNERAL DIRECTOR
WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

GAYOSO

NOV

25a. DATE REC'D. BY REGISTRAR 25b. REGISTR.

COUNTY

FING M. GRYUNG, M.D.

SIGES .... , GLOVA

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N	(-0)		REGISTRAR	MEI		NER'S CERTIFI	CATE OF DE	KEG. IN		4.1.4
0/	( 100)		EASED NAME FIRST		MIDDLE	LAST		20. DATE KNOWNY	MONTH DAY	YEAR 26 HOUR
X	9×425		Augus:	ta	L.	Leitne	r	DEATH MATED	□	, 83 M
/)	当日本文献	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN	DAVI	IF UNDER 24 HRS	PRONOUNCED	MONTH DAY	YEAR 2d HOUR 8:14
	DIRECTOR ON STATE	FE	malewhite	Se. 1. 11	1930 53	YRS.	HOURS MIN.	DEAD	11 10 1	983 a. M
	33~ ES 24		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WI	AT COUNTRY?		EVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DE	ATH
	SZZZE	1	mD	11,5	S.A	WIDOWED [	DIVORCED	Anne Arun	del Count	Y . MD.
_	AV IS N THE FU AGE 5 FILED.	0. CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOA	AE, OR OTHER INSTITU	UTION 12a U	SUAL OCCUPATION (TYPER MOST OF WORKING LIFE)	E OF WORK 12b. KIND	D OF BUSINESS INDUSTRY
	PAGE PAGE S. ZOLV	G	en Burnie	North Ai	rundel Hos	pital		ecretari	0	fice
5	A DE	USUA 30 S	L RESIDENCE (# IN NURSING HOME OF	R OTHER INSTITUTION, GI	13_ CITY OR JOWN	SION)		REET ADDRESS	1	
21201	AND 3 TO AND 3 TO RETAIN P SHOULD BE RECORDS	r	MD Anne	Arundel	Glen Bur	nie YES	NOX 10	O Linder	nhane	21061
	上 30 mの/	14. FA	THER'S NAME	MIDDLE	Lecy	15. MOTH	IER'S MAIDEN NAA	AE MIDDLE	14	Ner .
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WO	N N N N N N N N N N N N N N N N N N N	160 V	AS DECEASED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECUR		MANT	ADDRESS 81 01	& Solomon	s Tsland Rd
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.	24 HOURS AFTER DEATH ITEM 18. GIVE PAGES LONG WITH FORM PERMIT, PAGES 1 AND 2 GIENE, DIVISION OF EVIT		TO CHANGWAY (IF YES, GIVE Y	NAK OK DATES)	218-26-1	Mb9 Dor	othu Fr	iese-Lath	olan Main	20711
	WIT WIT		1R CAUSE OF DEATH (Enter onl	y one cause per line	for (o), (b), and (c).)				APPR	ROXIMATE INTERVAL EN ONSET AND DEATH
IS N	ENE NO THE		PART I DEATH WAS CAUSED	BY: AI	rterioscle	rotic Card	iovascula	r Disease	00,170	errorise, and seam
010	N 24 N ALO ATY GILL MOV		4292		AS A CONSEQUENCE	OF				1179 116
2	THIN CIL IN CER IN AL HY		Conditions, if ony, which gove rise to immediate	(b)_						
×	OR TREE		cause (o) stoting the under-		AS A CONSEQUENCE	OF	2 10 1			
201	ON, ON,		lying couse last.	(c)						
DS,	HOULD BE EXECUTED WITHIN 24 HOUR BID "PENDING" IN PENCIL IN ITEM 18. HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL "FANNSIT PERMIT. CHEALTH AND MENTAL HYGENE, D RIAL CREMATION, OR REMOVAL.		PART 2 DTHER SIGHIFICANT CONDITIONS		RUT HOT RELATED TO THE TE	RMIHAL OISEASE DR COHDITI	OH GIVEN IN PART 1 (g)			
8	SEA	Z O		Ol	pesity					
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OF V	O P P P P P P P P P P P P P P P P P P P	E E	210. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YE	21c. HOW INJUR	Y OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	741
NO.	SET OF THE	3	UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAT TE	AR				
/ISIO	ERTI ING ING EPA EPA PRK	MEDICAL	21d INJURY OCCURRED	21e PLACE C		21f LOCATION STREET		CITY OR TOWN		STATE
Į į	THIS C WARDI VARE PAGE ( TATE D	8	WHILE NOT WHILE C	] SINEET, FACT	ORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
	MNER; THIS CERTIFICATE SHOUL FICATE, WRITING THE WORD "I'RE FORWARDED TO THE CHIEF CTOR; PAGE 3 SHOULD BE USEN THE STATE DEPARTMENT OF HITHE STATE OF THE STATE O	1	22a I certify that I taak charg	( the semains des	aibaalabaaa bala	Autopsy .	Inspection XX	Inquiry . ar	nd in my apinian	
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	RECORD BILL		//	do	A .		SPECIFY)	etermined manner,		
	W 200		SIGNATURE COLLIL	1600	nu Str	Selend As:	cictant	DICAL EXAMINER	DATE	-11-83
	SER SER		SIGNATURE STATE	1	1	- Jan.D.	ME	DICAL EXAMINER	SIGNED	
	MEDICAL ECUTE THE GE 4 SHOIL FUNERAL TER DEATH LTMORE, A	100	EXAMINER'S NAME DE	ennis F. S	Smyth, M.D	•ADDRESS	III P	enn Street		
	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a. B		3b. DATE	23c. NAME OF C		ORY 23d.	LOCATION TY OR TOWN	COUNTY	STAIL
	BP	16	Junial [	Vov. 14.198	3 Hill	crest	111	nnapolis	A-A	mD
	DHMH - 17	24 F	INERAL DIRECTOR	ADIMPESS	0 1		25a. DATE REC'D.	BY REGISTRAR 756. REG	ISTRAR'S SIGNATUR	RE
	(VR A15 ME (5))	110	Mortuneral	Chapel-	Annapoli	S,MU NO	OV 1619	83 John	S. Cosall	KI
	20M 4/B2									

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11/	1.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  STATE  CERTIFICATE OF DEATH
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ge 4 may ector bay	3. SE	Male S. DATE OF BIRTH  S. DATE OF BIRTH  MONTHS  MONTH
Poor Show	70. BI	RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
deoth deoth	I	laine USA (WIDOWED DIVORCED   Hone Hounde MD.
the free free free free free free free fr	10.C	17). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY
201 Filed	7	Innapolis Hone Hrundel General Hospital Koreign Dervice U.S. Government
D 213	130	AL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIR CODE
LAN Shaw	14 E	ATHER'S NAME IS. MOTHER'S MADEN NAME
MARYLAND 2120 ed within 24 hours ompletely filled in b and 2 should be fill exchange for the filled in b	r	FIRST MIDDLE LAST
	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
IMORE, or	(	VESTOBRUNKNOWNI (IF YES, GIVE Y ARCOTTES) NOT-12-446/101/dred R. Loubert #13
BALTII sote be spers.l wol.	H	1000 AVILLE TO THE TOTAL OF THE
i i i i i i i i i i i i i i i i i i i	1.0	18. CAUSE OF DEATH (Enter only one couse per line territy), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).
ON ST ding   corbar or rer		4354 DUE TO, OR AS A CONSEQUENCE OF
PRESTON he death come and one mation, or refronmatic		Conditions, if any, which (b)
W. PR at the at the se remo		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
es that es that ned by pleose urial, c		underlying cause last. (c)
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
CO	ATIC	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. After this certificate has been sig os the burial-transit permit. Ther th and Mental Hygiene prior to b the ord Mental Hygiene prior to b acked or Item 18 shows any injur	CERTIFICATION	YES NO YES NO YES NO
VITA VITA Nysicic icate ransit Hygie	CER	216. ACCIDENT WAS UNDERLYING 2 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SICIA SICIA ng ph certifi urial-tr vental	ZAL CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19
PHYS indim this c e bur d Me	MEDICAL	71d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET CITY OR TOWN COUNTY STATE
DIVIS ING P Affer of the os th	2	WHILE NOT WHILE AT WORK
ol or		270. I certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
ATTE Ospital Ospital d for m 21		dpove, (It/(we) (did) (tite not) view the body after death.
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PITA PY Sto I		PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 1210 ADDRESS
O HOSPITAL eroined by 11 TO FUNERAL should be det with the Stote		Poter F Verkan 11 14a Farest Mise - Anna satis MI
Of of Market	23e	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
BP	10	remation Nov121983 Codar Hill Suttand PG Mill
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR 230. DATE REC'D. BY REGISTRAR'25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)		ay or Funeral Chapel-Hnnapolis, MINOV 16 1983 John & Comple

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aveil and A. J. Star X L. Let myran A. H. A. J. J. J. J. Emmande allawar today today ETHE DESIGNAL AS ADMINISTRATION TO LOW 1231 philips per march Towns of more all the male to make the second of the secon

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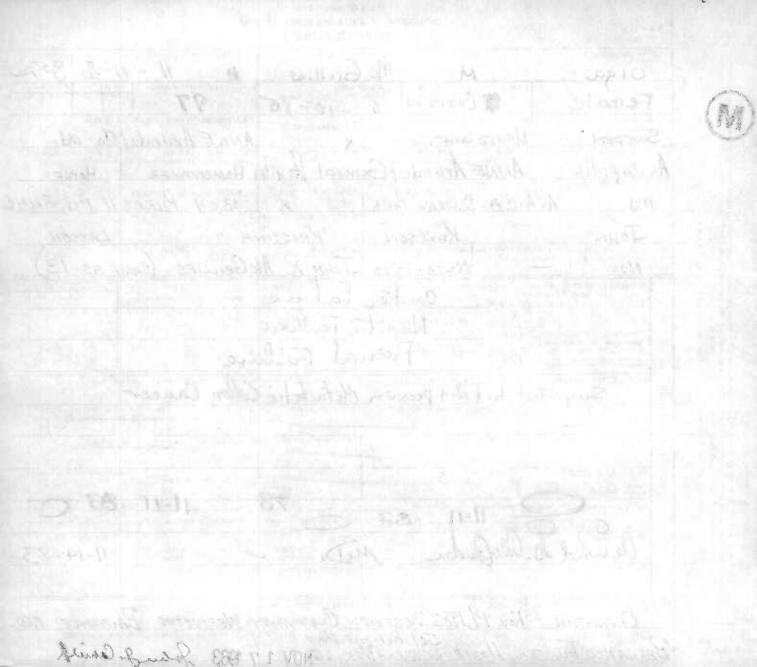
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1		REGISTRAN		CERTIFICATE OF DEA	REG.	NO.	LOI
1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH		26. HOUR
114	3.75	JAMES		MCGEE	JR NOVEMB	BER 11, 1983  ST BIRTHDAY) IF UNDER LYE  WONTHS DAT  YRS  TY OR COUNTY OF DEATH  ARUNDEL COUNTY  PATION OSLOF WORKINGLIFE) 12b. KINE 10b 12b 12b 12b 12b 12b 12b 12b 12b 12b 12	
	1.5E	10/=	A RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST)	MONTHS DAT	
2	Zu. B	RTHILACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 d	9 BALTIMORE CITY	OR COUNTY OF DEATH	
25	m	DRYLAND	U.S.A.	MARRIED NEVER MAI	RCED ANNE	ARUNDEL COUN	FTY
4	MI C	GLEN BURNIE	NORTH ARUND	SING HOME OR OTHER INSTITU EL HOSPITAL	UTION 120 USUAL OCCUPA (TYPE OF WORK FOR MOS		TO Cit
35			DR OTHER INSTITUTION GIVE RESIDENCE BEI		tab 1/1/1 / 1/1/1/1	DA ROZ	1061
20	94.17	TAMES K	MIDDLE MCGEET.	SR. MAR'S M	MC SHAW	E	LAST
1			RMED FORCES? 166 SOCIAL SE	ROSS INFORMANT	An MIGHT ADD	PESS PAILIDANDA	Ro
2		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b),	and (c)	H IIII ONE O	APPRI BETWEE	OXIMATE INTERVAL EN ONSET AND DEAT
9.0		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) Adenoca:	rcinoma of the	right lung with		months
		1629	DUE TO, OR AS A CONSEC	DUENCE OME tastasis	to the bones	THE PARTY OF	
		Conditions, if any, which	(b)			OF THE PARTY	Villa -
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		100	
- 1		underlying cause last	(c)				
nlury.	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	<u>O DEATH</u> BUT NOT RELATED TO	) THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART	110
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORM	20a AUTOPSY?  YES NOT	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES [	
The supplemental of the su	E	210. ACCIDENT WAS UNDERLYING		21c HOW INJUI	RY OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PART 2	!)
9	CAL	OR CONTRIBUTING CAUSE OF D	EAIR	19			
rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	211 LOCATION STREET	CITY OR	TOWN COUNTY	STATE
E S			MMCKattended the deceased from		1983_, to3	1-1-, 19-87	_, that (I) (we) I
7		saw the deceased olive a above, (1) 16/20 (did). did r	not) view the body offer death.	83, and that in (my) (on	opinion death accurred on the	date and hour and from the	he couses stated
Ē		226. SIGNATURE		DEGREE			TE SIGNED
		lus	x 1 100,	M ATTE	SICIAN DIRECTOR PHYS	SICIAN [] 1]	L-15-83
		220 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	441 SOUTH E	LWOOD AVENUE	
W A CK		MELITO TOR	RES. M. D.	BAI	LTIMORE, MARYLAND	21224	20
		SPECIFY BURNATION, REMOVA	1 15 1983 PATE	AKAUN (	EM DAFT	MORE COUNTY /	MD. STATE
/B1	249	INERAL DIRECTOR	red ( ) 4. 1-10. ADDRESS	- //r- P	TO DATE REC'D. BY REGISTRA	R 256. REGISTRAR'S SIGN	ATURE
	TA	YMAIN / HAC	INICALINATION	26 4/4/	NOV1 5 1000	16/0 B	2 1

10 2211 ZOLL AL SEGRANDE IN 1921 STATE AND THE PROPERTY OF THE The state of the second of the second second

8		1 -	FOR STATE REGISTRAR	DI	STATE OF MARYLAN EPARTMENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGIENE	2 8 REG. NO.	01/	
noy be			CEASED NAME FIRST	MIDDLE M	Mc Grillie	5 #	OF DEATH MONTH  // - NYEARS LAST BRITHDAY)	OAY YEAR 2b. H	OUR SOPPH DER 24 HRS
- (M)	)	7a. BI	Female RTHPLACE (STATEOR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COL	UNTRY? 8 MARRIED NEVER MA	RRIED -	97 YRS	TY OF DEATH	S MIN
201 ors ofter and by the f	20 Pering of the part of the p	AN	WEPEN TY OR TOWN OF DEATH	ANNE AVU	NURSING HOME OR OTHER INSTITUTE STREET ADDRESS!	TYPE OF WI	E HVUNG LOCCUPATION DRK FOR MOST OF WORKING LEMAKER	126. KIND OF BUS INDUSTRY	MD. INESS OR
RYLAND 2 1: vithin 24 hourstely filled in 2 should be	associate Soliton	13a. S	nd . THER'S NAME	JY DISC CITY C	DR TOWN 13d INSIDE CITY	o <b>▼</b> 13	ADDRESS PIP CO	DE 11 Rd,	21140
MORE, MAR e executed w n and comple Pages 1 and	medicol Romi		JOHN 'AS DECEASED EVER IN U.S. AR	KA	RUSON KR AL SECURITY NO. 17 INFORMANT	O NI O	ADDRESS	LARSON	2
1 W. PRESTON ST., BALT hat the death certificate b by the attending physicia sase remove carbon papers.	other troumotic event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.		Cardiac tail i	me Inte		AME AS  APPROXIMATE IN BETWEEN ONSET A	STERVAL NO DEATH
AL RECORDS, 20 the law requires to on. the bos been signed to be t	ouv inju	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF PRESENTED PRESENTE	d but Nat	Prover Metast which operation was perform	atic Colon	TOPSY? 206. IF Y	YES, WERE FINDINGS U	
PHYSICIAN: The Intending physicion. This certificate has the bix certificate h	or Item	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MON	TH DAY YEAR  19 211 LOCATION	RY OCCURRED (ENTER	NATURE OF INJURY IN ITEM T	8 PART 1 OR PART 2) COUNTY	STATE
OR ATTENDING e hospital or off E DIRECTOR: After poched for use os to	Item 21 is marked		22a. I certify that (I) (this hospi sow the deceased alive on above (II) (we) (did) (find no 22b. MONATURE	11 11		ur) opinion death occur	red on the date and h		
HOSPITAL ined by th FUNERAL		×	22d PHYSICIAN'S NAME (TYPE O	- Wefander	M.I ATT	ENDING MEDICA YSICIAN DIRECTO	L STAFF PR PHYSICIAN	11-14-	83
BP	<u> </u>		URIAL, CREMATION, REMOVAL SPECIFIC REMATION	Nov. 14,1981		MATORY WE	CATION ITY OR TOWN	BALTIMORE	STATE MD.
DHMH - 16 50M (VRA 15, 4		P	NERAL DIRECTOR NAME  ARRANCO FUNER	EAL HOME 3	SOI RITCHIE HWY	1 250 DATE REC'D. BY	REGISTRAR 256. REGI	STRAR'S SIGNATURE	

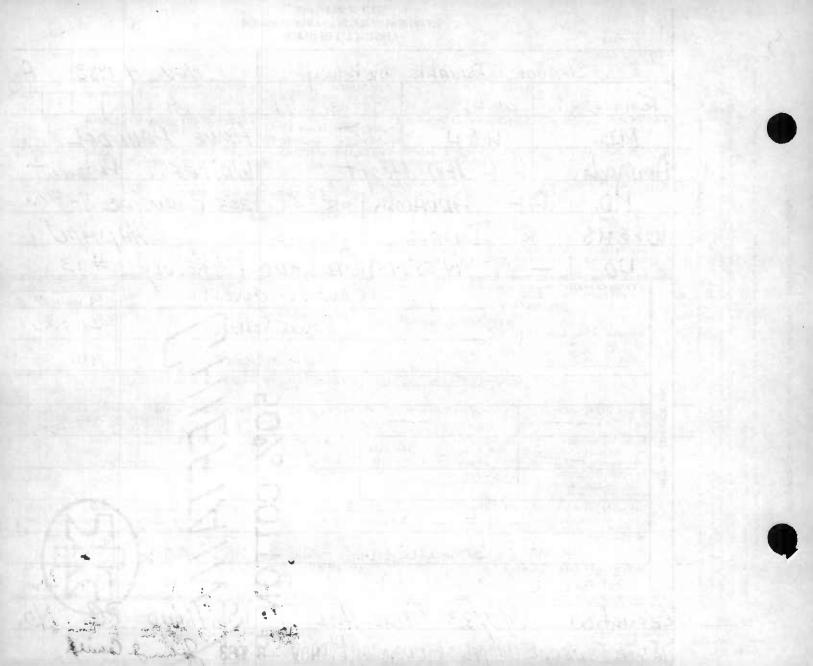


3	-	ems #18- FOR STATE P REGISTRAR	22a mtb	3/1/84 F# MEI	589 S SEPARTMENT O		AND ME	NTAUHYGI	E at	REG. NO	6	3	
		CEASED NAME LE OR PRINT)	Emma		Jean		McGuire	9	20. DATE OF OF DEATH	KNOWN X	MONTH	/83 <sub>9</sub>	2b. HOUR
TON STR		male	White	July 1	1920 63	RTHDAY) MONT		F UNDER 24 HI HOURS MIN.	PRONOUN DEAD		11/21		9:400 A ~
90	0h	PREIGN COUNTRY)		U.S.	Α.	WIDOV	/ED 🗆	DIVORCED (	An		inde1	County	ME
70	R	ivera B	each	LOCUST DR OTHER INSTITUTION, GR	PITAL, NURSING HE LUITY, GIVE STREET, ADDR LOGGE NUR	sing H	ome		USUAL OCCUP FOR MOST OF WORK SECTET	(ING LIFE)	OF WORK	OR INDUST	IRY
5	13a. S	Md.	13h SOUN	TY	Baltin	/N			3016 E	ss lizab	eth.	Ave.	30
C	)	ATHER'S NAME FIRST			tephenso		Ann		Ma			rmick	
	16a. V (Y	ES, NO, OR UNKNOV		WED FORCES? war or DATES)  ly one couse per line	218/10	9998	Shar	Dar	to. Md dges 3	. ADDRESS 016 E		230 beth	
	N.	gove ris couse (o) lying cous	s, if ony, which to immediate stating the <u>under-</u>	DUE TO, OR	TOPOXYPHE AS A CONSEQUEN AS A CONSEQUEN  UT NOT RELATED TO THE	CE OF							
7	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH C	PERATION W	AS PERFORM	ED?				20 AUTOPSY YES <b>X</b> ]	? NO []
3	MEDICAL CERT	210 EXTERNA UNDERLYING CONTRIBUTIN 210 INJURY O WHILE AT WORK	OR IG CAUSE OF E	P.M.  21e PLACE C STREET, FACTI	11/21 19	83 su	bject CATION TREE!	injeste	ed drugs	S vn	COUN	2)	CO
		22a I certifi deoth resulte ACTUAL SIGNATURE		rol couses ,	ribed obove, held o	Suicide X	, Homicid	ecify)	Inquiry Idetermined mo	nner .	DATE SIGNED.	11/2	1/83
2		EXAMINER'S I	NAME I	Ann M. D	ixon, M.D		ADDRESS		nn St.,			. 2120	1
	24 F	Crema UNERAL DIRECT	TOR Balt	11/23/8 to Md DDRESS	2122	ew Me	m Par	k	Baltim By REGISTRAF	ore,	Mary	land	TATE
	че	orge J	. Gonce	e 4001 R	itchie 1	igwy		1101 2	0 1000	121		7	

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(VRA 15, 4)

STATE OF MARYLAND



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	CLEN THREE WORTH ARREST MISPERAL
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must be nothed Conce.

MPORTANT: If them 21 is morked or Item 18 shews ony injury, or other troumotic event, the medical examine in

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

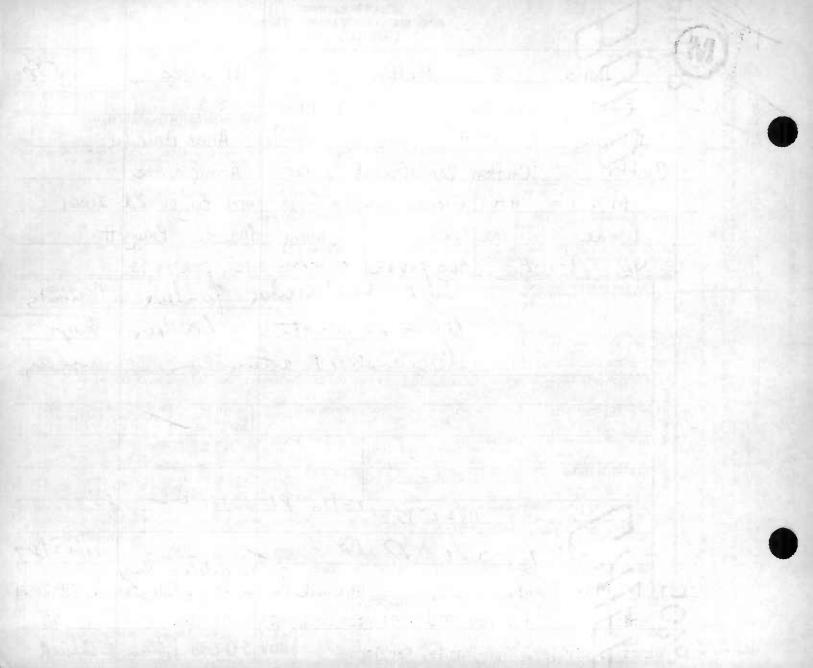
STATE OF MARYLAND

\	1-	FOR STATE REGISTRAR	DEPART		H AND MENTAL HYGI TE OF DEATH	REG. NO.	6- 1
И		CEASED NAME FIRST	MIDDLE	IAST			DAY YEAR 26. HOUR,
d	(TYPE	Don's	E. M.	edlin		11-22-83	JEPM
	3. SEX	X	4. RACE	5. DATE OF BIR	TH DAY YEAR		FUNDER TYEAR FUNDER 24 HRS
		Female	cauc	3	3 1900	83 YRS.	
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
		Illinois	USA	WIDOWED	DIVORCED [	Anne Aruna	del MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		HER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
2	C	nofton	(IF NOVIN SUCH FACILITY, GIVE STREE	Descent	Conter	TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
	USU	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT			NICIOS CITY I III I I I	3	
5	130. 3	M D. I3b. COUN			INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	d 21061
	14. FA	THER'S NAME			NOTHER'S MAIDEN NAM	AE O	
2		II O De	mode medling		Mary	Manda Bana	DATE LAST
		VAS DECEASED EVER IN U.S. ARA		URITY NO. 17 II	NFORMANT )	ADDRESS	3000
	(1		21950 563-60	66-683	Charlotte Si	mith, Same as 13	
			1 8 1 7	000	Chai Tocce Si	illi cit, paile as 15	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ĎBY.	Ve	ulticula	trialis	BETWEEN ONSET AND DEATH
		4 40 CIMMEDIATE	E CAUSE (o)	77		1 prima	1 11
		1101	DUE TO, OR AS A COMECU	ENCE 9	his at	Lalen	Dan
	31	Conditions, if ony, which gove rise to immediate	(b)	no our	- rading	furgery	orang 1.
		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEOL	JENCE OF	, , ,		
			(10)	anal,	red and	emelen	1 year
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT	BELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVE	EN IN PART Vo
_	CERTIFICATION	TO CONTRACT OF CON	The CONDITION FOR WILLS	U OBERATION I W	S DEBLODUES	200 AUTOPSY? 20b. IF.YES.	, WERE FINDINGS USED
1	NO.	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WA	AS PERFORMED	INCERTIFY	YING CAUSES OF DEATH?
_	ET.		The state of history	101	HOLL BY HER OCCUPA		NO [
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL			HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	IRT I OR PART 2)
	S.	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.		LOCATION	CITY OR TOWN	COUNTY STATE
	1	AT WORK AT WORK			111 61	1/12	62
			tol) attended the deceased from	12	16, 198		19 that (I) (we) lost
		saw the deceased olive on_ obove, (1) (we) (did) (did not	1) view the body ofter death.	, ond the	it in (my) (our) opinion d	leoth occurred on the date and hour	ond from the couses stoted
		22b. SIGNATURE	/	DEGR	0		224. DATE SIGNED
		6	1 maulo	1/ 19	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	11120183
/		224. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e	ADDRESS 75	75 Mitche Hu	y
		Dr. Max Fra	nk	A	rundel. Medi	cal Group Glent	Jurnie MD 21061
		BURIAL, CREMATION, REMOVAL		NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION	CO1977
		Burial	28 Nov 1983	Arlingto	n National	Arlington	VA
	The second second	UNERAL DIRECTOR				REC'D. BY REGISTRAR 25 PEGISTI	RAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

James S. Kirkley, Glen Burnie, Maryland

NOV 3 0 1983

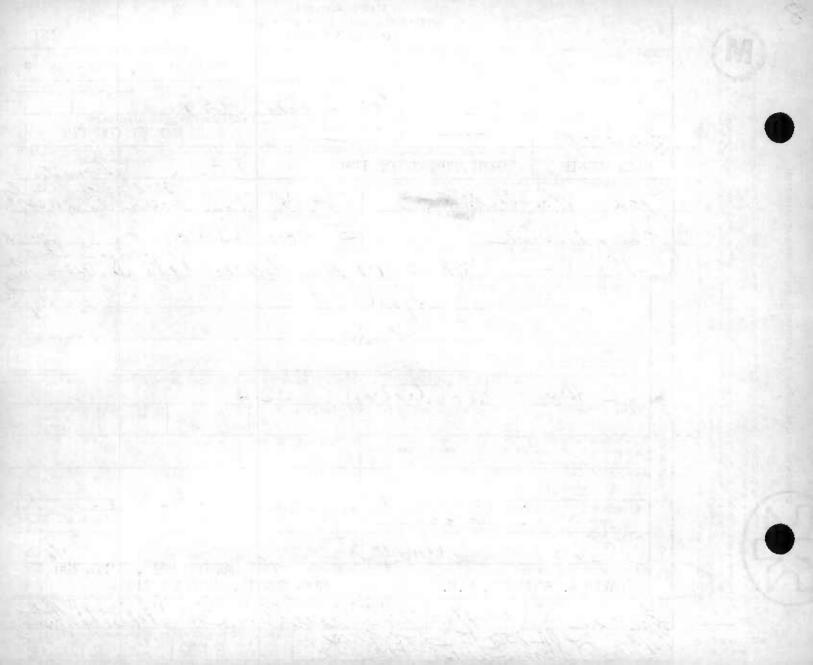


STATE OF MARYLAND

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Liver Control it says teally. 202 ( 1 severalde 26., 2123) man tilly . Is transmit (21-11-74) Vissam . Beechet Jame as 15 The second section of the second 325 m S 1271 FT S, HIM Pacifi CHally not , bid d , bads Haden Smeth. 1.D. 11/23/11"3 - mine Hill mater Juliance L. M. Co., M. व वर्रवा महस्कार गंताएव द्वारा अवकारात आहे.

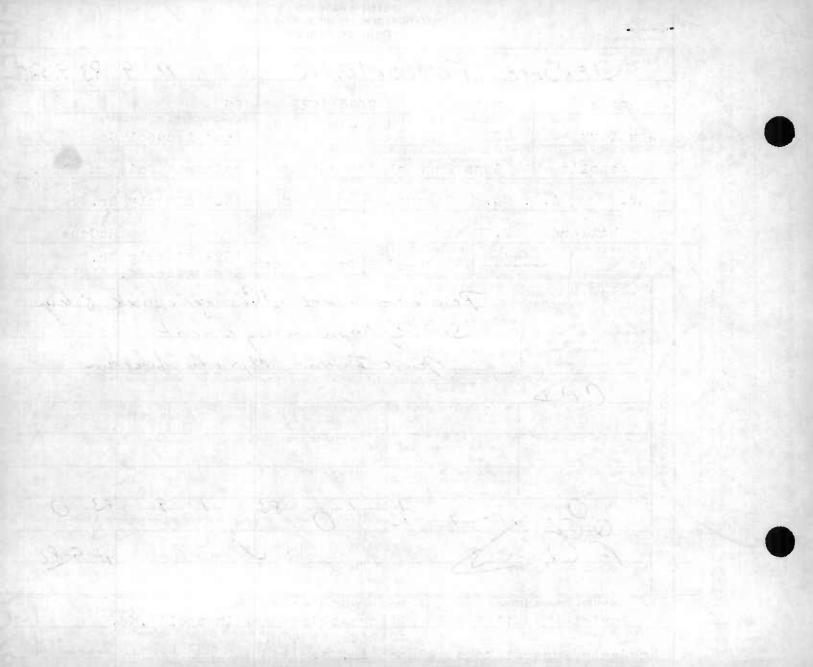
(88)	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	EST
(In)	I. DE	CEASED NAME FIRST EMA	E MIDDLE	MERKLEY	NOVEMBER 16,	1983 655 P
ge 4 mo ector, po	3. SE	×F,	4. RACE	5. DATE OF BIRTH  DAY  JEAR  J	95 yr, YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
1 may 23	d	PLACE STATE OR FOREIGN NIRY)	76. CITIZEN OF WHAT COUNTS	WIDOWED DIVORCED	9. BALTIMORE CYTY OR COUNTY ANNE ARUNDEL	COUNTY
1194		GLEN BURNIE	NORTH ARUNDE		120. USUAL OCCUPATION  FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR E) INDUSTRY
24 bou	USU		E OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNTY 13c. CITY-OR TI		134 STREET ADDRESS MILLS	El 21100
d within	11	ATHER'S NAME FIRST	AIDDLE LAST	15. MOTHER'S MAIDEN, NO	Osmank	LAST AD//
Pages Co	160	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SI	ECURITY NO. 17. INFORMANT 2-457 7 Mes 4	ADDRESS ROLL	262 Street
physical physical novel ent, the			r anly ane cause per line for (a), (b) USED BY: DIATE CAUSE (a)	and (cl.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oth cert ending r, corbor n, or rer marks ex		5990	DUE TO, OR AS A CONSE	/		
of the de sy the am cremotic crematic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF		jun
quires the signed to hen plea to burial.	No	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 11a
has been re priorit. If the priorit. If the priorit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
physics of the control of the control	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	
PHYSIC thending the buric and Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ENDING of or o OR Alte tue ou the offth		22a.l certify that (I) (this has saw the deceased alive	aspital) attended the deceased fro		death occurred on the date and have	19 23, that (IV(we)) as
Off ATTI on hospith DIRECTO Ched for Dept of f from 21		abave, (1) (we) (did) (did) (22b. SIGNATURE	a nat) Piew the bady after death.	DEGREE	STAFE STAFE	22t. DATE SIGNED
HOSPITAL med by th FUNERAL Mid be det the State	1	22d. PHYSICIAN'S NAME (TO		PHYSICIAN 6	45 OAKWOOD ROAD,	
The state of the s	23u.	DAVID A. S	SCHWARTZ, M.D.	GLEN BUR	NIE, MARYLAND 210	1. 11 MA
BP	1	THE PARAL DIRECTOR: 0//	11/19/83	Toly Class C	TE REC'D. BY REGISTRAR 238 BEGIST	LE SELEVIE
DHMH - 16 50M 4/82 (VRA 15 4)	1	Frey XXV	To The state of	Topo Jan N	OV 1 8 1983 See	. 2. Carriel



Hardesty Funeral Home

(VRA 15, 4)

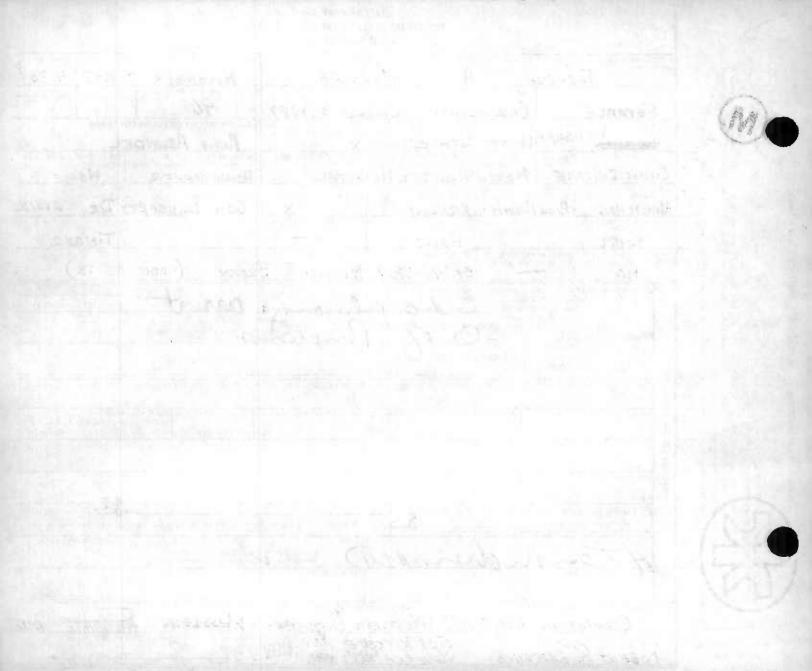
STATE OF MARYLAND



4	1.	FOR STATE	DEPAR	STATE OF MARTLAND  RTMENT OF HEALTH AND MENTAL HE  CERTIFICATE OF DEATH	GIEND 28	21
1		REGISTRAR  CHIPEROTI	16 A D.	MonKS	REG. NO.	-83 4.83
P	1. SE	M	I RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  7  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
59	De	RTHPLACE (STATE OR FOREIGN COUNTRY) etroit Mich.	75. CITIZEN OF WHAT COUNTR USA	Y? 8.  MARRIED NEVER MARRIED UNIDOWED DIVORCED	Anne Arunde	
53	1	TY OR TOWN OF DEATH	Anne Arund	sing home or other institution tet appress el General Hosp.	120 USUAL OCCUPATION (UPFOR WORK FOR MOST OF WORKING I Pipe Fitter	125. KIND OF BUSINESS OF THE CONSTRUCT
35 20	130 M a	at RESIDENCE (IF NURSING HOME OF A PLANE A PLA	OR OTHER INSTITUTION GIVE RESIDENCE BEF INTY A. CO. Arnol	ORE ADMISSION)  13d. INSIDE CITY LIMITS?  YES NO	13e.STREET ADDRESS / ZIP COD 455 Shore A	cre Rd. 210
20	14. FA	Thomas	Joseph Mo'n'k	s Affinie		ithoff <sup>55</sup>
1	16a. V	VAS DECEASED EVER IN U.S. A			B. Monks 13e	
mjory, or other moomone event, me	NO	Conditions, if only, which gove rise to immediate couse (o), stoting the underlying cause last.	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTING TO CONTRIBUTING	OUENCE OF COTUNARY ATTO	MINAL DISEASE OR CONDITION GI	29 hrs 29 hr. Yrs.
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO
9	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED	HOUR A.M. MONTH  P.M.  21e. PLACE OF INJURY	DAY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM IS	PART 1 OR PART 2)  COUNTY STATE
frem 21 is morked	W		pital) attended the deceased from the body ofter death.	n 19 8		, 19_83_, that (1) (ve)
	22-	THE HAYSICIAN STAME ITTE	1. Friend N- Friend	M ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN D	ingolis ms
	(	BURIAL, CREMATION, RÉMOVA D'ÉMATION UNERAL DIRECTOR		Westview Mem. Pk		COUNTY Md. STAT
'83	Z4. F	NAME	desty Annap	bolis Md. 21401		and town

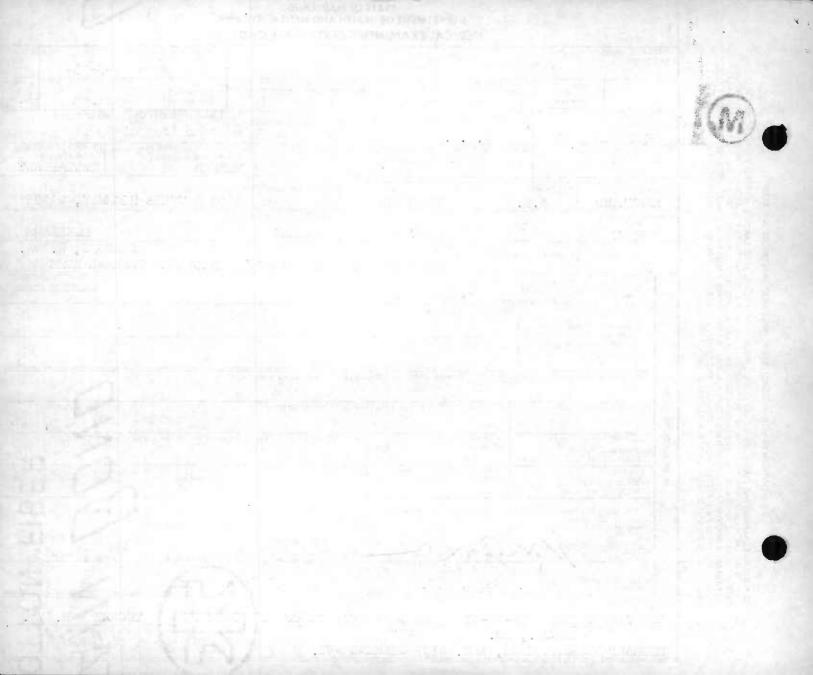
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				STATE OF MARYLAND	.4 2 2 6	0
	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTALTHY	GIÊNE & O	4 0
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	IS DATE OF DEATH	PAY YEAR 26 HOUR
		IHERES		MUELLER	10001001	8,1983 4:30
	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	01	IF UNDER 1 YEAR IF UNDER 24 H
	72.0	RTHPLACE ISTATE OR FOREIGN	CAUCASIAN  7b. CITIZEN OF WHAT COUNTRY?	JANUARY 3, 1887	9. BALTIMORE CITY OR COUNTY	OF DEATH
	0. 6	RTHPLACE   STATE OR FOREIGN   HUNGURY	UNITED STATES	MARRIED WEVER MARRIED WIDOWED DIVORCED	ANNE ARUND	
4	10.C	LEN BURNE	11. NAME OF HOSPITAL, NURSII LIF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDE	- //	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKER	12b. KIND OF BUSINESS ( INDUSTRY  HOME
21	USU	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		TIONE
16	4.4	M	HRUNDEL ARNOLD		130. STREET ADDRESS 604 DUNBERR	y DR. 210,
n		ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	7 2.0
4		KARL	HERO	FIRST	MIDDLE	TINGER
A		VAS DECEASED EVER IN U.S. AR		JRITY NO. 17. INFORMANT	ADDRESS	1
1		YES, NO OR UNKNOWN)         YES, GI	093-16-	4809 MICHAEL F. 7	BREEN (SAME	AS 13)
		8 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		PART I. DEATH WAS CAUSE	TE CAUSE (0) Con det	3 Tes loss Des so	Mariat	
		1500	DUE TO, OP ME A CONSEQU	1		y <u> </u>
		Conditions, if any, which	PAN	Poscho	1	
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSECU	dies es		
		underlying couse lost.	DUE TO, OR AS A CONSECUL	PINCE OF		
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART Ita
	N O					
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED YING CAUSES OF DEATH?
7	H				YES NO YES	
10		210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
9	¥.	OR CONTRIBUTING CAUSE OF DE	2111	AT TEAR		
/	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	2	AT WORK AT WORK	(AT HOME STREET, FACTORY OFFICE,	PARM EIC)		31816
			ital) attended the deceased from,	. 19		19.3, that (I) (we)
		saw the deceased alive ar	•		death occurred on the date and hour	ond from the couses state
		22b. SIGNATURE	or view the body offer death.	DEGREE	/	22c. DATE SIGNED
		4.7 may	h. Man.	ATTENDING	DIRECTOR PHYSICIAN	0.604
+	1	278 PHYSICIAN'S NAME LTYPE	OR PRINT)	1220. ADDRESS	Z DIRECTOR PHYSICIAN	
1	1					
-	22-	PURIAL CREMATION REMOVAL	100 DATE 122	NAME OF COMPTENS OF COST AT COST	1224 LOCATION	
	230.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	. Parl	POUNTY STAT
	74 5	UNERAL DIRECTOR	1100. 1,1703 M	ESTVEIN CREMATORY	TE REC'D. BY REGISTRAR 25b. REGIST	PALTIMORE /
2	24. 1	NAME O	30%	RITCHIE HWY NO	1 1 6 1000	TAK S SIGNATURE
		ROBERTS. DAR	PANCO SEVE	ENATARK, MR.	- 0 1983 plan	I. Carrell



15	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HAGIENE 2 8 0 2 9	
3.5.8. T. 3.5.8.	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  1. DECEASED NAME DAY OF ESTI- DEATH MATED OF DEATH  REG. NO.  1. DECEASED NAME OF ESTI- DEATH MATED OF DEATH  REG. NO.	YEAR 26 HOUR
ON ST	Male White May 31,1934 49 yrs. If UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH DAY PRONOUNCED DEAD, 11 7	YEAR 2d HOUR 1983 08444 M
	Maryland  Maryland  Maryland  Marked	MD.
4	6/en Burnie (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PUNDED SOIF EMPloyed P	nd of Business R Industry ainter
1	Maryland Arundel Glen Burnie VES LA NOX 7834 Parkwest Dr. A	061) Apt, T3.
120	George W. Murphy Emma M. Rodg	ers
Violetiv /	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)   160. SOCIAL SECURITY NO.   17. INFORMANT (Wife) ADDRESS   17. INFORMANT (Wife) ADDRESS   18. SOCIAL SECURITY NO.   17. INFORMANT (Wife) ADDRESS   18. SOCIAL SECURITY NO.   18. SOC	as 13)
2, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), (c).) PART I DEATH WAS CAUSED BY:  UMMEDIATE CAUSE (a).  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last.  (b).  DUE TO, OR AS A CONSEQUENCE OF  (c).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	ween onset and death
CREWA	Q 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?
OR TO BUR		YES NO
103	UNDERSTRING OR COUNTY  TO OR C	STATE
BALTIMORE, MARYLAND, 2	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted fram: Natural causes , Accident Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)  ACTUAL SONATURE	7 nov 83
BAL	236 BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CHYOR TOWN COUNTY  Burial Nov. 21.83 Glen Haven Mem. Pk. Glen Burnie A.A	STATE MD
1-17 ME (5))	24. FUNERAL DIRECTOR  NAME  Singleton Funeral Home, Glen Burnie, MD NOV 2, 2, 1983	

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EL EN		P. I. No.		8-0		



6000 Annapolis Road

Bowie, Marvland

FOR

DHMH - 16 50M 4/83

(VRA 15, 4)

Beall Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

IF UNDER 24 HRS

Dept.

NO F

STATE

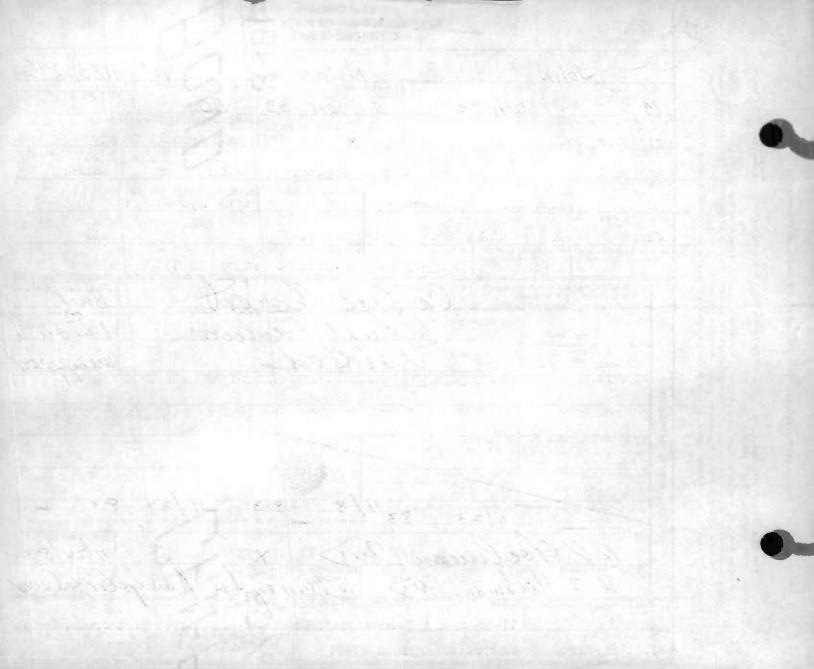
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Ann. Md. 21401

Hardesty Funeral Home

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ļ.	uires that the death certificate be executed within 24 hours after death. Page 4 may be	igned by the attending physician ood completely filled in by the funeral director, p. en please remove corbon-popers, Pages 1 and 2 should be filled within 72 hours after telefi
	-	4.4
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5, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2	21
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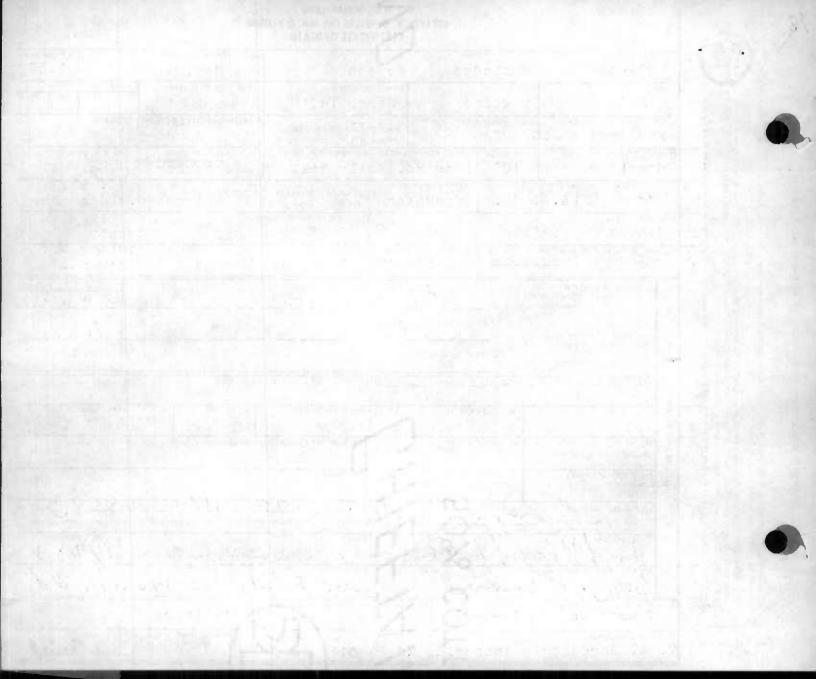
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE STATE OF MARYLAND CERTIFICATE OF DEATH

2 8 0

	1-	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	TENE REG. 1	40.	) ()	3
		Claude	FIRST		MIDDLE	Nort	AST	20. DATE OF DEATH			26. HOUR 1:30P.
	3. SE)			Rutle	age	NO I'L		6. AGE (IN YEARS LAST 8	4,198	UNDER 1 YEAR	IF UNDER 24 HRS
	3. SE/	Male	100	Whi	te		ch 14,1923	60		NIHS DAYS	HOURS MIN.
47		RTHPLACE (STATE OR AS hingto	n D.	USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY Anne Ar	OR COUNTY C		MD
20	Εd	ry or town of DE gewater		468	River Ro	DDRESS HC	DROTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST DISPATC	TION OF WORKING LIFE) her	Fuel	
6	USU A 13a S	AL RESIDENCE (IF NURS JATE M.C.	136 COUN	CO.	GIVE RESIDENCE BEFORE  13. GITY OR TOW  Edgewat	ADMISSION) Ner	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	er Rd.	Md. 2 Edge	1037 water
20		ther's NAME laude	Nel	Son	Nortor	1	Inez	Ruby	Swe	eney	JT
1	16a V	AS DECEASED EVER		MED FORCES?	578-18-		17. INFORMANT Alma Ruth		RESS Edge 108 Ri		
a	CERTIFICATION	Canditions, if any gave rise to imicause (a), statiunderlying cause PART 2 OTHER SIG	mediate ng the last	DUE TO, CO		ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	20b. IF YES,	WERE FINDI	NGS USED
7	TIFIC					·		YES NO	YES		NO [
9		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA	TH HOUR A		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT I OR PART 2]	
10000	MEDICAL	21d INJURY OCCUR	RED HILE		OF INJURY IREET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
		22a I certify that (1) saw the decease above (1) (we)	ed alive an	05/2	19.8	34/	nd that in (my) (our) apinian	death accurred on the	date and haur		
		276/SIGNATURE 276/PHYSICIAN'S N	_	renti Jama	In Geny	An	DEGREE  ATTENDING PHYSICIAN [  270 ADDRESS  20 ADDRESS	MEDICAL ST POTRECTOR PHYS	AFF ICIAN -	22c. DATE	9/83, W.S.
	23a. 8	BURIAL, CREMATION Greenatio	. REMOVAL	23b. DATE 11-5		NAME OF C	CEMETERY OR CREMATORY iew Mem. Pk	. Bailtam	ore	COUNTY	STATE
32	24. FI	JNERAL DIRECTOR ANAME Hard	esty	Ann	apolis N	1d 21		TE REC'D. BY REGISTRA	R 25b. REGISTR	AR'S SIGNAT	Carriel

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



-01	١.	FOR		1	S DEPARTMENT (	TATE OF A	ARYLAND	LHYGIENE	2 2	1	7 6	
1		STATE REGISTRAR			DICAL EXAM				REG. N	0.	3 0	
PESTON STREET,		CEASED NAME	FIRST		WIDDLE		LAST		DATE KNOWN	HINOM [	DAY YEAR	2b. HOUR
			Josep		Pau1		/ak		OF ESTI-	11/20		M
	3. SEX	ale	White	5. DATE OF BIRTH MONTH DAY Feb. 24,	YEAR LAST BI	YEARS IF UN		DER 24 HRS. 26 MIN PRO	DATE NOUNCED DEAD	11/20	/230	5:30°
11	7a. BI	RTHPLACE (ST		76 CITIZEN OF WH		10	ED X NEVER MA	9. B	ALTIMORE CITY			1 M
2	Pe	nnsv1v	ania	U.S	. A.	WIDOW		DRCED 🗆	Anne Aru	ndel Co	ounty	MD.
10		TY OR TOWN O		11. NAME OF HOS LIF NOT IN SUCH FAI 18 Harr	PITAL, NURSING HO	OME, OR OTH	ER INSTITUTION	FOR MOST	OCCUPATION (TY OF WORKING LIFE)		KIND OF BU OR INDUST Westin	RY
3	13a. S	TATE  ryland	136 COUN	OR OTHER INSTITUTION, GIV NTY A • A •	134, CITY OR TOW	'N	13d. INSIDE CITY LIMIT	5?   13e. STREET . 図 18 円	ADDRESS arriett	2106	51	se
6	-	ATHER'S NAME					15. MOTHER'S MA		WIDDLE	DIIV	LAST	
0	1	Josep	h	J.	Novak		Anna	100	H.	1	Mrusko	
-	16a. V (Y	VAS DECEASED	EVER IN U.S. AR	MED FORCES?  WAR OR DATES)	212.34			Father	ADES Vak G1	9 News	field	Rd.
	-		DEATH (Enter or	nly one couse per line			l oosepi.	I U • NO	van Gi	en bui	APPROXIMATI BETWEEN ONSE	INTERVAL
		95	54 MMEDIA	TE CAUSE (a) GI	AS A CONSEQUEN		chest				BETWEEN ONLE	ANDUCATI
K Mare		gave ris	s, if any, which e to immediate stating the under-	(b)								
		lying caus	e last.	(c)	AS A CONSEQUEN							
	Z Z		NIFICANT CONDITIONS	Liver	BUT NOT RELATED TO THE	TERMINAL DISEAS	OR CONDITION GIVEN I	N PART 1 (a).		118	et in	
7	ATIK	190. DATE OF			ION FOR WHICH C	PERATION W	AS PERFORMED?				20 AUTOPSY	,
	F									11.0	YES X	NO 🗆
3	MEDICAL CERTIFICATION	210. EXTERNA	CAUSE WAS OR IG CAUSE OF	21b. TIME OF HOUR A.M	MONTH DAY	'EAR	OW INJURY OCCU			PART TOR PART 2	)	
13	DIC	21d INJURY O	CCURRED	21e PLACE C		E, 21f LO	Ibject sh					
	¥	WHILE AT WORK	NOT WHILE X	SIREET, FACT	ORY, FARM, ETC.)		Harriett		en Burnie	. AnneA		Md.
		22a   certif	y that I taak chare	ge of the remains desc			sy . Inspe			nd in my apini		1.00
		death resulte		ral causes .	Accident .	Suicide X		7	ned monner		1 1	
		ACTUAL	A	MADA	) A		TITLE (SPECIFY	da		DATE	77/0	1 (02
h	1	SIGNATURE_		NV JAX		M	<sub>D.</sub> Assista	ntMEDICAL	EXAMINER	DATE SIGNED_	11/2	1/83
1		EXAMINER'S I	NAME A	nn M. Bixo			ADDRESS	1 Penn S	t., Balt	o., Md	. 2120	
	23e. B	PECIFY)	ION, REMOVAL		23c. NAME OF			23d. LOCAT	NWN	COUNTY		ATE
	24 F	Bur UNERAL DIREC		Nov. 23, 8.		Haven	Mem Pk	Gler	Burni			1D
		NAME	N 13	ral Home	Glen Bi	rnie.		NOV 2 2	1983	and	Coline	以

1 1385 1 2M To

ECEASED NAME PRIST PROPRINT)  EX  Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH  GLEN BURNIE  JAL RESIDENCE (IF NURSING FOREIGN STATE Md.  ATHER'S NAME PRIST Michael  WAS DECEASED EVER IN U.S. AR	4. RACE  White  76. CITIZEN OF WHAT COUNT  U.S.A.  11. NAME OF HOSPITAL, NU  (IF NOT IN SUCH FACILITY, GIVE S'  NORTH ARUNDE  OTHER INSTITUTION GIVE RESIDENCE B  ATY  Pasad  MIDDLE  LAST	RY: 8. MARRIED X N WIDOWED RSING HOME OR OTHE (IREET ADDRESS)  L HOSPITAL  FEORE ADMISSION) OWN ena 13d. IN: ena Yes [	SR 1920  EVER MARRIED DINORCED RINSTITUTION  SIDE CITY LIMITS?	NOVEMBER 17. 6. AGE (INYEARS LAST BIRTHDAY) 6. AND COLLEGE BIRTHDAY 6.	COUNTY  JEE INDUSTRY Local Sheet Unio
EX Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH GLEN BURNIE JAL RESIDENCE (IF NURSING FOREIGN STATE Md. ATHER'S NAME FIRST Michael	4. RACE  White  76. CITIZEN OF WHAT COUNT  U.S.A.  11. NAME OF HOSPITAL, NU  (IF NOT IN SUCH FACILITY, GIVE S'  NORTH ARUNDE  OTHER INSTITUTION GIVE RESIDENCE B  ATY  Pasad  MIDDLE  LAST	S. DATE OF BIRTH  Jan 27  RY?  B. MARRIED S N  WIDOWED  RSING HOME OR OTHE  REET ADDRESS)  L. HOSPITAL  EFORE ADMISSION)  OWN  13d. INS  PNA  13e. INS	1920  EVER MARRIED DIVORCED BRINSTITUTION  SIDE CITY LIMITS?	6. AGE (IN YEARS LAST BIRTHDAY)  6.3 YRS.  9. BALTIMORE CITY OR COUNTY  ANNE ARUNDEI  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  Mechanic  130. STREET ADDRESS	FEI DOURTY LOCAL INDUSTRY LOCAL INDU
Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH GLEN BURNIE UAL RESIDENCE (IF NURSING ME OR STATE Md. ATHER'S NAME FIRST Michael	White 76. CITIZEN OF WHAT COUNT  U.S.A.  11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST.  NORTH ARUNDI OTHER INSTITUTION GIVE RESIDENCE B ATY Pasad  MIDDLE LAST	RY? 8. MARRIED SO N WIDOWED RSING HOME OR OTHE REET ADDRESS) L HOSPITAL EFORE ADMISSION) OWN 13d. INS PNA YES [	1920  EVER MARRIED DIVORCED DIVORCED SR INSTITUTION  SIDE CITY LIMITS?	9 BALTIMORE CITY OR COUNTY  ANNE ARUNDEI 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Mechanic 130. STREET ADDRESS	Y OF DEATH  COUNTY  126. KIND OF BUSINESS CINCUSTRY LOCAL Sheet Unio
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  CITY OR TOWN OF DEATH  GLEN BURNIE  JAL RESIDENCE (IF NURSING FEOR STATE  Md.  ATHER'S NAME  FIRST  Michael	76. CITIZEN OF WHAT COUNT  U.S.A.  11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S'  NORTH ARUNDE  OTHER INSTITUTION GIVE RESIDENCE B  ATY  A.  MIDDLE  LAST	RY? 8. MARRIED X N WIDOWED  RSING HOME OR OTHE IREET ADDRESS)  L HOSPITAL FFORE ADMISSION) OWN 136. IN: Pha. YES [	EVER MARRIED DIVORCED RINSTITUTION	ANNE ARUNDEI  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  130. STREET ADDRESS	COUNTY  JEE INDUSTRY Local Sheet Unio
Maryland CITY OR TOWN OF DEATH  GLEN BURNIE  JAL RESIDENCE (IF NURSING OF OUR STATE  Md.  ATHER'S NAME FIRST  Michael	U.S.A.  11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' NORTH ARUNDE OTHER INSTITUTION GIVE RESIDENCE B ATY Pasad  MIDDLE LAST	MARRIED WN N WIDOWED  RSING HOME OR OTHE IREET ADDRESS!  EL HOSPITAL FFORE ADMISSION! OWN 13d. IN: 9 na YES [	DIVORCED TO SIDE CITY LIMITS?	ANNE ARUNDEI 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Mechanic 136. STREET ADDRESS	COUNTY  JEE INDUSTRY LOCAL Sheet Unio
GLEN BURNIE  JALRESIDENCE (IF NURSING MEOR STATE  Md.  ATHER'S NAME FIRST  Michael	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES)  NORTH ARUNDI OTHER INSTITUTION GIVE RESIDENCE B  124. CITY OR Pasad  MIDDLE  LAST	RSING HOME OR OTHE IREET ADDRESS)  L HOSPITAL  EFORE ADMISSION  OWN  13d. IN:  PES [	R INSTITUTION  SIDE CITY LIMITS?	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Mechanic  136. STREET ADDRESS	126. KIND OE BUSINESS (INDUSTRY Local Sheet Unio
JAL RESIDENCE (IF NURSING FOOD STATE OUT	OTHER INSTITUTION GIVE RESIDENCE B NTY 13C. CITY OR 1 Pasad	erore admission) OWN 13d. IN: ena yes [		13e. STREET ADDRESS	21111
ATHER'S NAME Michael	MIDDLE	15. MO			
WAS DECEASED EVER IN U.S. AR	0 Conn	or V	THER'S MAIDEN NAM		Slayer
(YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL S	ECURITY NO. 17. INF	th 0'Con	nor same as 1	
Conditions, if ony, which gove rise to immediate couse to!, stating the underlying couse lost.	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)	myo parl EQUENCE OF	a cyf. ?	Lenken: a	mon the
190 DATE OF OPERATION	19b. CONDITION FOR WE	ICH OPERATION WAS	PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR #ART 2}
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		STREET	CITY OR TOWN	COUNTY STATE
		and the same of th			19 3, that (I) (we) ur and from the causes stated
22b. SIGNATURE	my orfn	DEGREE	ATTENDING .	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
22d PHYSICHAN'S NAME (TYPE O	OR PRINT)  M. D.	22¢. A	95 1		)61
BURIAL, CREMATION, REMOVA	4 4	23c. NAME OF CEMETER		23d. LOCATION	COUNTY STATE
Burial	11/19/83	Baltimore		y Baltimore.	Maryland
F	Conditions, if ony, which gove rise to immediate couse to; storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19th DATE OF OPERATION  21th ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALVANORE  21th INJURY OCCURRED  WHILE NOT WHALE AT WORK  22th Certify that (I) (this hosping sow the deceased alive on obove, (I) (we) (did) (did go 22b. SIGNATURE  22th PHYSICHAN'S NAME (TYPE of SAMAC C DOLL (SPECIFY)  BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL OR SAMAC C DOLL  BURIAL CREMATION, REMOVAL	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)   CAUSE	18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), ond (ct.)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b)	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (ct.)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	BLANCE OF DEATH (Enter only one couse per line for (o), (b), ond (c1.)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)   Cause on your performance of the was caused by:   DUE TO, OR AS A CONSEQUENCE OF   Couse (o), stoting the underlying couse lost.   DUE TO, OR AS A CONSEQUENCE OF   DUE T

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siest Bal	Regiants				
	1320 Same 54.	X .	ane heat	.7.1	
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		100'2 ditie 2	21 03 17	II	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

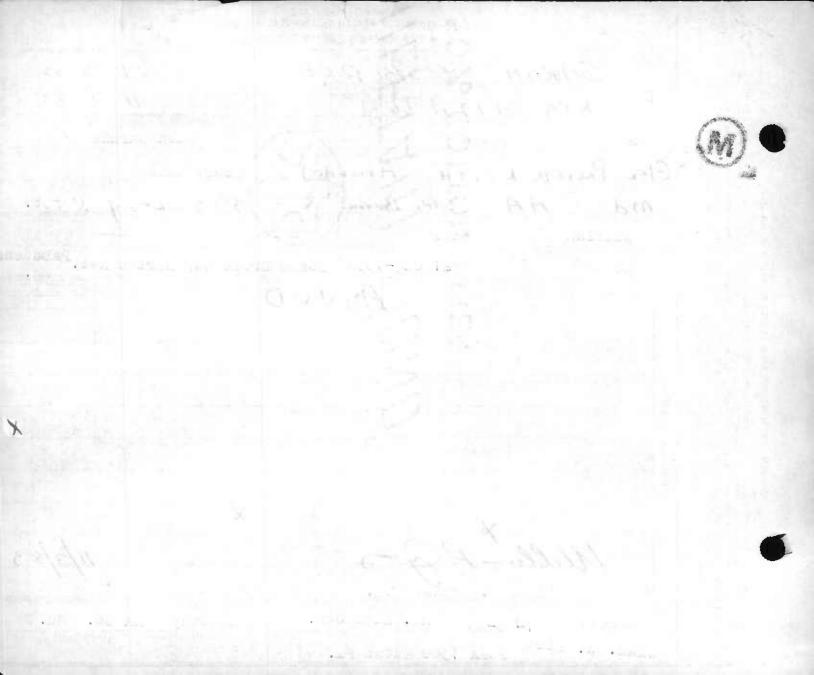
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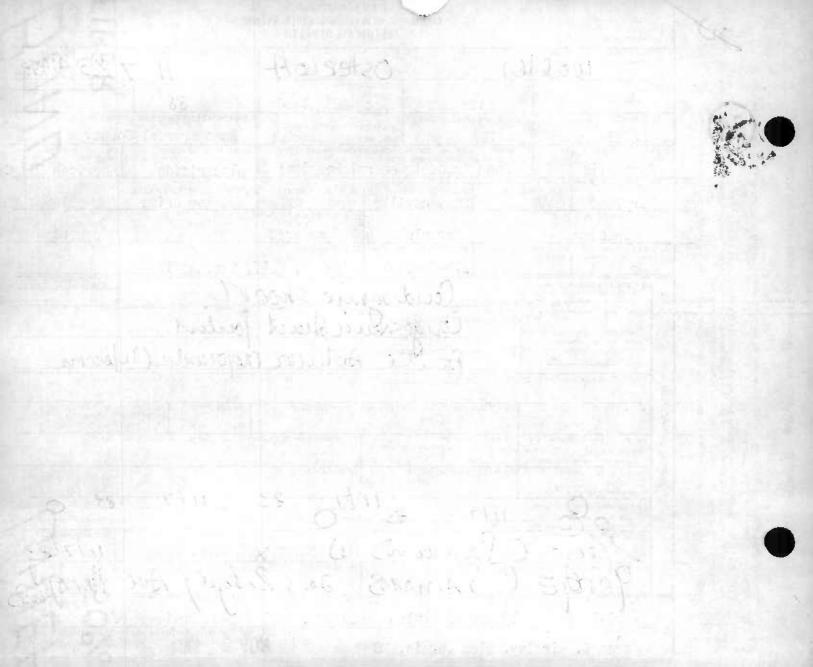
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(VRA 15, 4)

45 - Jackson Bridge on The State NEW YORK OF THE PARTY OF THE PA

/=	11-	FOR STATE			EPARTMENT O	HEALTH	ARYLAND AND MENTAL		2 8	6 3	9
0	1. DE	REGISTRAR	RST	MED	MIDDLE	NER'S C	ERTIFICATE (	2g. DATE		MONTH DAY	YEAR 26. HOUR
TOR TIOR OURS REET,	3. SE.	SA	RAM	E OF BIRTH	05B	OR YEARS IF UN	DER 1 YR. IF UNDER		MATED	11 3	19 53 M
ON STATE		FNe	g C	71 17		YRS.		MIN PRONOL	INCED /	1 3	1983 M
		IRTHPLACE (STATE OR DREIGH COUNTRY)		U. S.A	AT COUNTRY?	8. MARRI WIDOW	ED DIVOR	RIED 🔲	MORECITY OR Glen Bu		AA MD.
150000	G		te L	Jort	ITAL, NURSING HOA	rus	6 3	120 USUAL OCC FOR MOST OF W House		DF WORK 12b KI	ND OF BUSINESS R INDUSTRY
D. 21201 IF ANY DE AND 31 REFAIN SHOULD IN	USU,	AL RESIDENCE (IF IN NURSING TATE 13b)	HOME OR OTHER	INSTITUTION, GIVE	13c CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADD	shirle,	210 Murp	hy. Ct.
# #= ₹9517/	14. F.	ATHER'S NAME William	MIDDLI	H:	ill tast		15. MOTHER'S MAID		MIDDLE	Hill	LAST
BALTIMORE. S AFIER DEA GIVE PAGES TITH FORM PI PAGES I ANN VISION OF V	16a. \	MAS DECEASED EVER IN U. ES. NO, OR UNKNOWN) (IF YE	S. ARMED FO S, GIVE WAR OR D	PRCES?	215-24-		Doris G	reen 44	ADDRESS 7 Harle	em Ave	Pasaden
SSTON ST.,  N 24 HOUR N ITEM 18 ALONG W SIT PERMIT TYGIENE, D		Conditions, if any,	AUSED BY: NEDIATE CAUS	SE (o) DUE TO, OR A	ar (o), (b), and (c).)	AS	CUD			BET'	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
RECORDS, 201 W. PRE LD BE EXECUTED WITH! PENDING" IN PENCIL IN MEDICAL EXAMINER AS A BURIAL-TRANG FEALH AND MENTAL! CREMATION, OR REA	N	gove rise to imme cause (o) stating the Lying couse last.  PART 2 OTNER SIGNIFICANT COND	inder-	(c)	AS A CONSEQUENCE		OR CONDITION GIVEN IN PA	RT 1 (a),			
OF VITAL REC ATE SHOULD E THE CHIEF ME THE CHIEF ME WENT OF HEAD	CERTIFICATION	19a DATE OF OPERATION	1	196. CONDITI	ON FOR WHICH OP	RATION W	AS PERFORMED?				AUTOPSY?
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROBE TO THE CHIEF E S SHOULD BE USE E EPPARTMENT OF H OI PRIOR TO BURIAL		210 EXTERNAL CAUSE W. UNDERLYING OR CONTRIBUTING CAUS		21b. TIME OF HOUR A.M. P.M.	MONTH DAY YE	AR 21c. HC	OW INJURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 PAR		11.5
DIVISICE THIS CERTING WRITING PAGE 3 SH TATE DEPAGE 1201 PRICE	MEDICAL	21d INJURY OCCURRED WHILE NOT WHIL AT WORK AT WORK		21e PLACE O STREET FACTO			CATION	CITY OR T	OWN	COUNTY	STATE
MEDICAL EXAMINER: CUTE THE CERTIFICATE, SE 4 SHOULD BE FORE FUNERAL DIRECTOR: ITMORE, MARYLAND,		220. I certify that I taak death resulted fram:		es 📈.		Autop:	Homicide , TITLE (SPECIFY) D. Deputy  ADDRESS 695	Undetermined of MEDICAL EXA	MINER	DATE SIGNED 2	/3/83
85 5 7 8 9	23a. 8	URIAL, CREMATION, REMO Burial		8 <b>-</b> 83	23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCATION CHY OR TOWN Magot	hy A	A CO.	Md state
DHMH - 17 (VR A15 ME (5))		uneral director Chas. A.Ri		ADDRESS	1300 Eut	aw Pl	MOM	REC'DABY REGISTE		RAR'S SIGNA	URELA





	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	REG. N	2 8 6	i day	
	H	CEASED NAME ORPRINTI ADJI MINO	MIDDLE	Pa	llari	2ª DATE OF DEATH	MONTH DAY	83 1	DIDAM
	3. SE	temale	white	5. DATE OF E	1 1900	6. AGE (IN YEARS LAST BI	3 YRS. MONTH	S DAYS H	OURS MIN
977	C	IRTHPLACE (STATE OR FOREIGN COUNTRY) YPRUS ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY?  CYPRUS  11. NAME OF HOSPITAL, NURSING	WIDOWED		Anne Ar	rundel	COL	In Hynd.
3	A	Innapolio	AND ARUNGED OTHER INSTITUTION, GIVE RESIDENCE BEFORE	DORESS) BC	n Hospita	HOMEM A	OF WORKING LIFE) IN	DUSTRY	OSII VESGON
1535	136 5			ا دار	E INSIDE CITY LIMITS?	13e STREET ADDRESS 23 NB	/ ZIP CODE	FIVE	. 2140
21		THEMISTOKLI	HAGGI TASSOU		ANDRÍÄNA	WIDDLE	ZAHAI	RIA	
e medico		VAS DECEASED EVER IN U.S. AR/ yes, no or unknown) (IF yes, givi NO	WED FORCES? IN TO SEE WAR OR DATES!	1	JOHN PALLA		RCHWOOD	AVEN	
injury, ar other troumotic ev	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	NCE OF	OT RELATED TO THE TERM		IDITION GIVEN IN	J.Y.M	
s kuo smo	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION V	VAS PERFORMED	20a AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	CAUSES OF	
9 9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA		1c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I	OR PART 2)	
orked or I	MEDICAL	21d. INJUR; OCCURRED  WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		II. LOCATION STREET	CITY OR TO	OWN C	COUNTY	STATE
MPORTANT: If them 21 is marked or them 18 shows any		saw the deceased alive an above, (I (we) (pid) (did no			hat in (my) (aur) opinion	, ta/ death accurred on the c		from the cau	
- T- ==		276 SIGNATURE	m		ATTENDING PHYSICIAN	MEDICAL STA	FF _	1///	1/13
APORTA		RICHARD N		2	51 FRANKLI	N AVE. A	NNAPOLÍ	s, MD	. 5
≤		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N 11-19-83 ST		ETRIS CEME	TEAMN A POL	IS ANNE	ARUN	DEL

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

14 FUNERAL DIRECTOR
ROBERT E. EVANS 1212 WESTESS T ANNAPOLIS

250. DATE REC'D. BY REGISTRANTS PEUTSTRAN'S SIGNATURE

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Ohio and the second of the sec value to retail to the same to the same 10//Card Signal and Miles San American and the land Phone - The Commence of the State of the Sta And Astronomy Congress of the Whenhamer Have Otto and PHILL I Locker 19 A parties I am to brother This char EMERINA mitames D To low times of the only of my till 25 883 John & Cariet. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director. Fire burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The law

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examinet must be notified of once

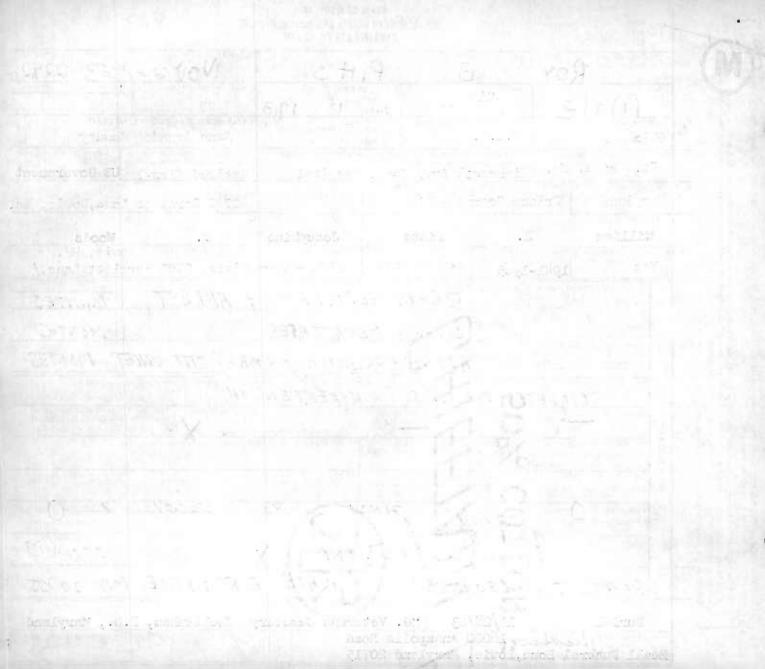
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HEGIENES

	1-	STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.		
	1. DEC	CEASED NAME PRINTS	W.	Peli	OSALO	20. DATE OF DEATH	11 16 R	2b. HOUR 3 /1/8	
	3 SEX	Female "	WhiTe	5. DATE OF	BIRTH YEAR G	6. AGE (IN YEARS LAST BIR			AIN,
7	70. BIF	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	DIVORCED D	9. BALTIMORE CITY	DECOUNTY OF DEAT	Course	typ
7	4	napolis	NAME OF HOSPITAL, NUR MENOT IN SUCH FACKTY, GIVE STE HAND	REET ADDRESS!	Len. Has	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	F WORKING LIFET INDUS	DOF BUSING	594
>	M	DRYLAND H. H.	HER INSTITUTION GIVE RESIDENCE BE	8415	YES NO 🗆	660 HMER	ZIP CODE DR	2140 APT	48
1		Waller	DOLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE ADDRI		LAST	
		/AS DECEASED EVER IN Ú.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES) 033 18	9084	ARTHUR E	PELTOSALO	GIBSON ]	Sc. Mo	21056
		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	BY. In Tr	OUENCE OF A	of 20 to my	scoulide	of Aug	PROXIMATE INTERVISEN ONSETAND D	//
0	CERTIFICATION	PART 2 OTHER SIGNIFICANT COL	NOTIONS CONTRIBUTING	0		NAL DISEASE OR CON	DITION GIVEN IN PAR 20b. IF YES, WERE FI		
4	RTIFIC					YES NO	IN CERTIFYING CAL	JSES OF DEATH	1?
1	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	19	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	T 2)	
		21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	own count		ATE
		22e. I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not) v 22b. SIGNATURE	1/1/7	\$3/one	, 19	leath occurred on the d		the couses state	
		22d PHYSICIAN'S NAME (TYPE OR PH	lucay!	Wil		MEDICAL STA		117/8	-3
		RICHARD I	HOCHMAN		16 MURRHY	AUE A	VIMBLI	NO 2	140)
	E	URIAL	11/10/83	30 NAME OF CE	wood	23d. LOCATION CUY OR TOWN	11/2 Barns	table	MA
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DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR - STATE

SEX

CERTIFICATION

24 FUNERAL DIRECTOR

Singleton Funeral Home, Glen Burnie, Md

REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

November I. DECEASED NAME (TYPE OR PRINT) DANIEL RAY POORMAN 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) August 22,1946 DAYS White Male 37 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE | STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Anne Arundel Pennsylvania U.S.A WIDOWED III. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Pasadena 8012 Cuba Drive Teacher Schools USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13b. STATE | 13b. COUNTY A nne | 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 8012 Cuba Drive 21122 Maryland Arunde1 Pasadena NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Shrader Delbert Gladys Μ. Poorman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (wife) **ADDRESS** Same As (IF YES GIVE WAR OR DATES) # 13 94-36-3999 Mrs. Dana L. Poorman No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this has pain attended) the deceased from\_ saw the deceased alive on obove, (I) (e) (id) (did not) view the body after death. and that in (ny) (our) opinion death occurred on the date and hour and from the couses stated 22b SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 8067 Ft. Smallwood Road Loraine M. Dailey, M.D. Pasadena, Maryland 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY November Buria1 Glen Haven Mem.Pk. Glen Burnie A.A.

250. DATE REC'D. BY REGISTRAR 251

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

	to	1.	FOR STATE		DEPAR	TMENT OF H	EALTH AND MENTAL HYG	SIENE			
n f		1. DE	REGISTRAR CEASED NAME FIRS	e	MIDDLE	0	AST WERS	REG. NO	O. MONTH DA	0.0	26. HOUR 30
ge 4 may b ector, page		3. SE.	× M	4. RACE	aac	S. DATE C		6. AGE (IN YEARS LAST BIR	/	UNDER I YEAR	IF UNDER 24 HRS
death. Pag unerol dire	of once.		RTHPLACE (STATE OR FOREIGH	USA	OF WHAT COUNTRY	MARRIE		Anne Aruno	R COUNTY C	-Mad	MI
201 irs after by the f	OO filed		Crofton	1672	SUCH FACILITY, GIVE STRE	rive	OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O freight loa	F WORKING LIFE)	INDUSTRY	ing co
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours or ysicion and completely filled in by opers. Pages 1 and 2 should be file	ag 18735	13a S	AL RESIDENCE (IF NURSING HO STATE 136 C Md	OUNTY	IS. CITY OR TO	DRE ADMISSION) WN N	13d. INSIDE CITY LIMITS? YES MO 🗌	13 1.672 Carly	yle Dri	ve 21.1	1.4
MARYL ed withir mpletely ond 2 sh	Comine	14. FA	THER'S NAME Harry	W. Pe	owers LAST		Mary FIRST Jane	Rae MIDDLE		LAST	
IIMORE, be execut on and co	medical		VAS DECEASED EVER IN U.S	ARMED FORCES	399 03		Jessie Powe:	ADDRE			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN: The low requires that the death certificate physicion.  Her this certificate has been signed by the ottending post the buriol-transit permit. Then please remove carbon	to buriol, cremotion, or rem njury, or other troumotic eve	NO	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	h (b) e DUE TO	, OR AS A CONSEQ , OR AS A CONSEQ	UENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 100	
he low re on. has been	shows ony i	CERTIFICATION	190 DATE OF OPERATION	19b. CO	NDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20g AUTOPSY?		WERE FINDIN	
SICIAN: Ting physici certificate uriol-tronsit	Item 18	MEDICAL CER	2] g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( [IF EITHER, NOTIFY MEDICAL EXA	MINER) HOUR	e of Injury a.m. month p.m.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAF	RT 1 OR PART 2)	
OIVISION CONTROL OF THE CONTROL OF T	rh ond M orked or	MED	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	LIATHOME	CE OF INJURY E. STREET, FACTORY, OFFIC	E, FARM, ETC }	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ITAL OR ATTENDI by the hospitol or RRAL DIRECTOR: A e detoched for use	with the State Dept. of Healt		22a.1 certify that (1) (this sow the deceased all obeve (1) beginned in 177.5 p. ATURE 1774. PHYSIC CARLS NAME	e on the the the	D 19	83.0	md that in (my) (our) opinion  DEFINE  ATTENDING PHYSICIAN  276. ADDRESS	deoth occurred on the de	ote and hour		
Bb	3 <u>3</u>	23a. i	BURIAL, CREMATION, REMO (SPECIFY) Burial	100			emetery or crematory	23d LOCATION CITY OR TOWN Laurel,	Md	COUNTY	STATE
DHMH - 16 50/ (VRA 15,		24 F	Donaldson			17,500	250 DA	4 1983 REG AR	75b. REGIOTR	New Y	E

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STATE

REGISTRAR

DHMH - 16 50M 1/B1 (VRA 15, 4)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 771. DATE SIGNED CMSC-801, Johns Hopkins Hos Glen Burnie, A.A. ("o" Maryland Nov. 21.198 Ylen Haven Mem. Park 24. FUNERAL DIRECTOR ully tuneral Home, Mt. & Tickneck Rds. Pasadena.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

COUNTY

STATE

Restaurant

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

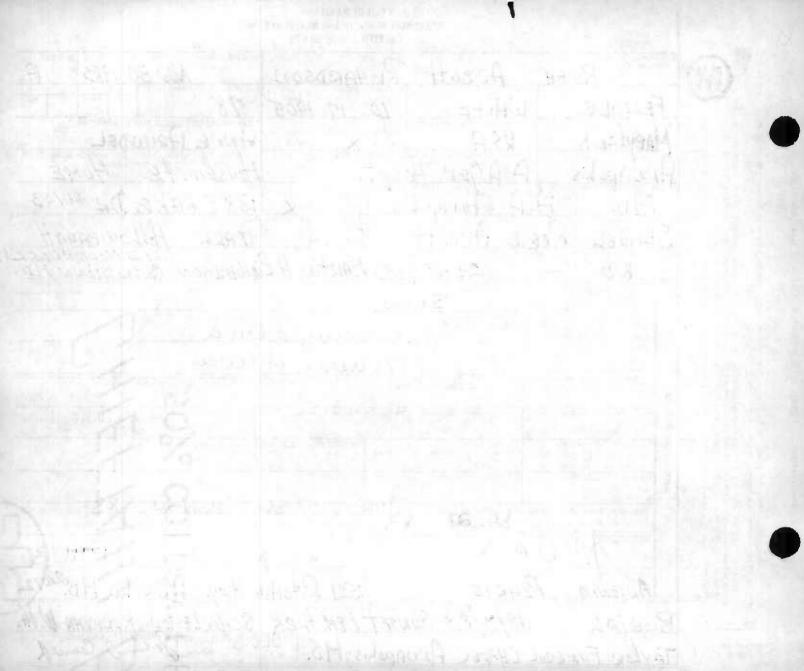
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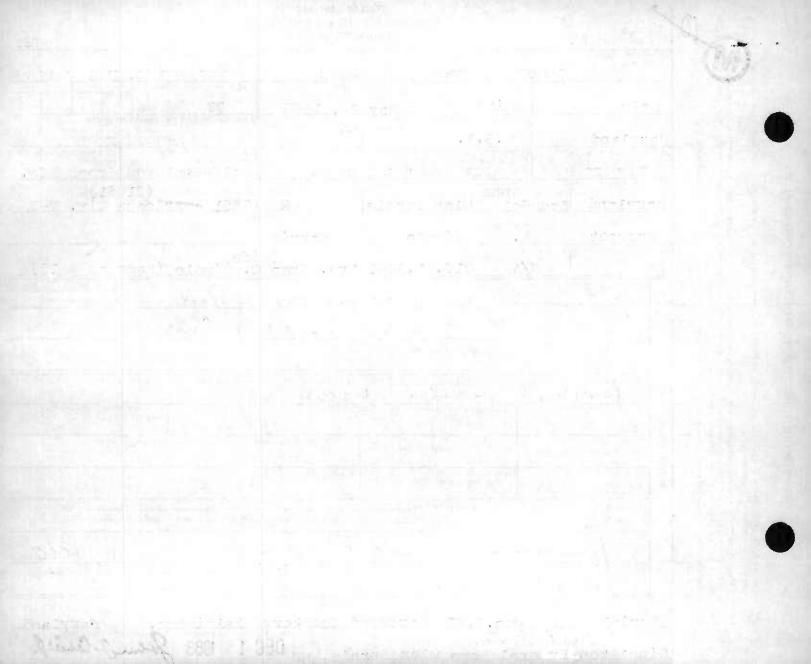
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	REGISTRAR ECEASED NAA YPE OR PRINT)	AE FIRST		MIDDLE MIDDLE		AST		REG. N DATE KNOWNX OF ESTI-	MONTH DAY YE	AR 2b. HOUR
X	THE OR PRINTI	WAL.	TER	R	EDDICK			DEATH MATED [	- 17	N
3.5	Male	1.RACE Black	5. DATE OF BIRTH MONTH DAY 3-9-3	5 YEAR 6. AGE (IN LAST BIRT)	YEARS IF UNE		NDER 24 HRS. 20	DATE RONOUNCED DEAD	11-9-83,	4:48
2	BIRTHPLACE (	STATE OR	76. CITIZEN OF WE	HAT COUNTRY?	8. MARRIE	44-	ARRIED	BALTIMORE CITY	OR COUNTY OF DEATH	
ID.	VA.	OF DEATH	USA 11. NAME OF HOS	PITAL, NURSING HO	WIDOWE ME, OR OTHE			Anne Aru	Indel County PE OF WORK 126 KIND OF OR INDU	BUSINESS
	Jessup		Kimb	rough Ar	ny Hos	spital.	FOR MC	ST OF WORKING LIFE)	OR INDU	JSTRY
	JAL RESIDÊNCI STATE Md.	E (IF IN NURSING HOME O		VE RESIDENCE BEFORE AGMI 136, CITY OR TOWN Balto.	5510N)	3d. INSIDE CITY LIMI YES MO	13e. STREE	T ADDRESS	ard St. 21	230
T	FATHER'S NAW	Walter R	eddick	Sr.		15. MOTHER'S M	AIDEN NAME	WIDDLE	Jones	
160		ED EVER IN U.S. ARA		212-30-		7. INFORMANT		ADDRES Rei	C	21230
	PARTID  42  Candition gave cause (c	EATH WAS CAUSE	D BY: TE CAUSE (a)  A DUE TO, OR (b)	for (a), (b), and (c).) rteriscler AS A CONSEQUENCE AS A CONSEQUENCE	E OF	ardiova	scular 1	Disease	APPROXU BETWEEN O	MATE INTERVAL NSET AND DEATH
Z Z		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEASE	OR CONDITION GIVEN	IN PART 1 (a),			
CERTIFICATION	19a. DATE OF OPERATION 19b. CC			ONDITION FOR WHICH OPERATION WAS PERFORMED?					20 AUTOF	
AL CER		IAL CAUSE WAS  G OR  ING CAUSE OF I		. MONTH DAY YE		W INJURY OCC	URRED (ENTER NA	TURE OF INJURY IN ITEM 1:	8 PART 1 OR PART 2}	
MEDICAL CERTIFICATION	21d. INJURY WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK	21e PLACE ( STREET, FACT	DF INJURY (AT HOME, TORY, FARM, ETC.)	7 II LOC	ATION REET		CITY OR TOWN	COUNTY	STATE
	220. I cer death resu ACTUAL SIGNATURE	tify that I taak charg Ited fram: Natur	e af the remains des ral causes	7	Suicide,	Hamicide [ TITLE (SPECIF D. Assista	Y)	mined manner	ond in my apinian , DATE SIGNED 11-9-	-83

20M 4/B2

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as interested		REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE LAST	- 1	2a. DATE OF DEATH MONTH	1/1
8		MARCH	M. Nobe	Rline	11	21 83 10 PM
safter d	3 SE	1	4 RACE S. DATE OF BI	DAY WEAR	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
5		temale '	While 9-	8 - 99	84	'RS
72 hou		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
6/3	P	ennsvlvania	USA WIDOWED	DIVORCED [	ANNE AK	UNde/ (O. MO.
pe /n	10,C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR O	THER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR
100	HA	NAPOLIS NO	ANNE Avindel Gen	ieral	Housewif	
ed to		AL RESIDENCE (IF NURSINGHOME)	THE THE THE TENTE OF TOWN 134	INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE 21061
E		Md.		S NO	111 Hollyw	
Jiner	14. F/	THER'S NAME FIRST	MIDDLE LAST	MOTHER'S MAIDEN NA		LAST
No de		John	Rabatin	Anna	MIDDLE	Gabana
col		VAS DECEASED EVER IN U.S. A		INFORMANT	ADDRESS	
medica	- (	res, no or unknown) (if yes, c	205-03-6864 I	230/ Perci	I Lane, Upp	er Marlboro,
the the			nly one couse per line for (a), (b), and (c).)	Actions make	day bauquee	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent,		PART I. DEATH WAS CAUS	DBY: (- ANC A SALE	FOOT		
- S		420-				
, o		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF			
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ather		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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i Guo	¥ ĕ	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION W	'AS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
5 7	CERTIFICAT				YES T NOT	ERTIFYING CAUSES OF DEATH? YES \( \bigcap \) NO \( \bigcap \)
š.	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21b	c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	
8 4		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR			
or ifem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED		LOCATION		
	ME	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
0		AT WORK AT WORK	ital) attended the deceased from 1982		10 11/4/83	10
		22a   certify that (1) (this has	14 - 1 - 3	est in (my) (eer) ppinion	, 10	d hour and from the causes stated
is marke						
m 21 is marke		sow the deceased alive a above, (1) (we) (did) (	Threw the body after death.			
f Item 21 is marked		sow the deceased alive a		REE CON	MEDICAL STAFF	221 DATE SIGNED
T: If Item 21 is m		sow the deceased alive or above, (I) (we) (did) (did)	DEG RATH	REE ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR   PHYSICIAN [	224 DATE SIGNED
T. If Item 21 is m		sow the deceased alive a above, (1) (we) (did) (	DEG B. NATH	ATTENDING PHYSICIAN A	DIRECTOR PHYSICIAN	221 DATE SIGNED  11/21/5
RTANT: If Item 21 is m		sow the deceased alive or above, (I) (we) (did) (did)	DEG B. NATH	ATTENDING PHYSICIAN A	DIRECTOR PHYSICIAN	221 DATE SIGNED
RTANT: If Item 21 is m	23a.	sow the deceased alive of above. (I) (we) (did) (signature) The PHYSIC (N. S.	DEG B. North	ATTENDING PHYSICIAN A	DIRECTOR PHYSICIAN	221 DATE SIGNED  11/21/5
ite Dept. af Heol T: If Item 21 is m		sow the deceosed olive or obove, (I) (we) (did) (control of the physic (N) N (M) (did) (control of the physic (N) (did) (control of the physic (N) (did) (did) (control of the physic (N) (did)	DEG B. NATH	ATTENDING PHYSICIAN A ADDRESS	DIRECTOR PHYSICIAN  Hospital,  13d LOCATION CITY OR TOWN	Annapolis, Md.
the State Dept. of Heol		sow the decessed olive obove, (I) (wo (did) (size of the partial and the parti	DEG B. NATH	ATTENDING PHYSICIAN ADDRESS AND ARUNDE TERY OF CREMATORY CTION CEM	DIRECTOR PHYSICIAN PHYSICI	Annapolis, Md.

THE STATE OF THE S at div ENTE A COUNTY / Par ANAPERIE and Assessmental Decrees, 1- STATE Item 18 film 586

REGISTRAR 2-8-83

DECEASED NAME

TYPE OR PRINT

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Singleton Funeral Home Glen Burnie

Nov. 19.83 Epiphany Episcopal Odenton

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGYENE CERTIFICATE OF DEATH

REG. NO

20 DATE OF DEATH MONTH

STATE COUNTY

774 DATE SIGNED

2h HOUR

17h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Farmer

Baker

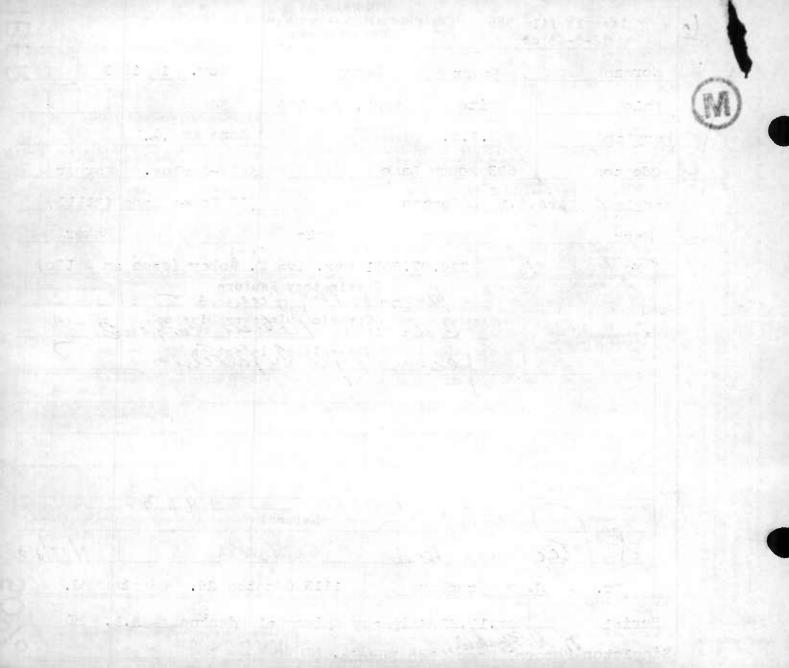
YES [

COUNTY

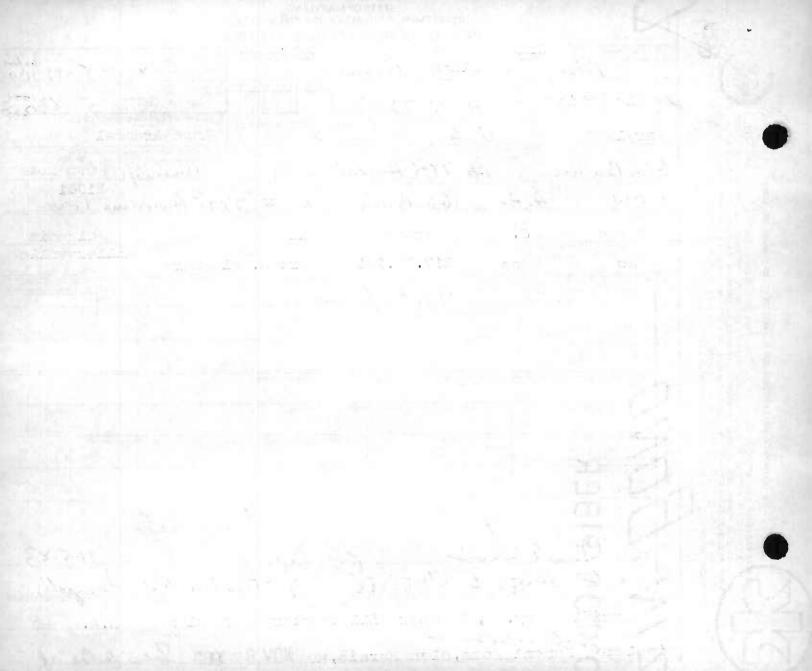
IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY



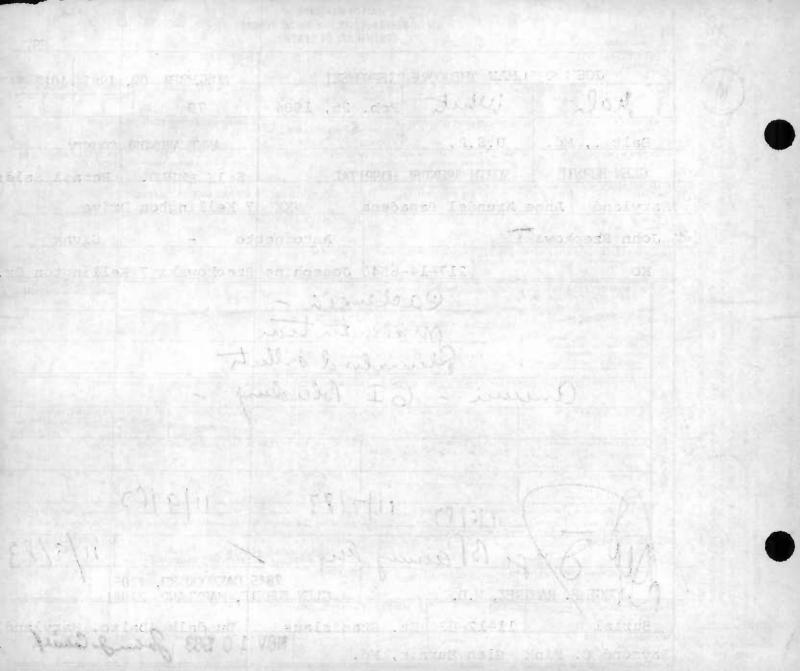
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Mary Robinson 2a. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Ellen. DEATH MATED NOV 6-14 John SEX IF UNDER 1 YR. IF UNDER 24 HRS 5 DATE OF BIRTH AGE (IN YEARS DATE MONTH LAST BIRTHDAY PRONOUNCED White Female Nov May DEAD YRS To BIRTHPLACE (STATE OR WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Anne Arundel Marvland WIDOWED X DIVORCED II. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS VD 2 SHOULD BE FILED VITAL RECORDS, 201 HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Own Home RETAIN 21061 130. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRS MIDDLE LAST FIRST LAST Claudis Eugene Kernan E11a Mae 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Son Millersville LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 217.22.1416 Robert L. Flannery No None MD CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) APPROXIMATE INTERVAL USIT PERMIT. HYGIENE D PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES [] NO [] E 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET NOT WHILE CITY OF TOWN COUNTY STATE 21201 AT WORK AT WORK MARYLAND, 220. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TI death resulted fram Homicide Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER BALTIMORE, WHEELE 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION COUNTY STATE Burial 8,83 Cedar Hill Cemetery BP. Brook1vn 24 FUNERAL DIREC BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Singleton (VR A15 ME (5)) Home, Glen Burni 20M 4/82



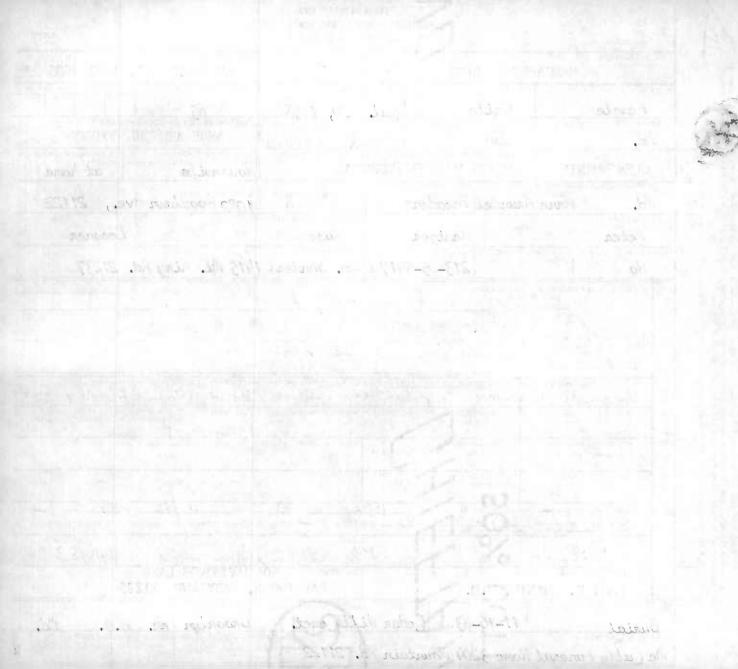
16	1.	FOR - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE REG. N		<b>3</b>
	I DE	CEASED NAME FIRST	MIDDLE		AST			AR Zb. HOUR
page 3	(TYP	Ella Ella	Anna	Ro	ck	Novem		28. 110 OK
pag r de	3 SE	X 4	RACE	5. DATE (	OF BIRTH	6. AGE JIN YEARS LAST BIR		YEAR IF UNDER 24 HRS
s afte		WKXXX Female	White	Augo	6. 1899	84	YRS.	DAYS HOURS MIN
		IRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED D	Anne Anu	or COUNTY OF DEAT	TH
90		nnapolis	NAME OF HOSPITAL, NURS UF NOT IN SUCH FACILITY, GIVE STREE Annaplois (on	T ADDRESS)	enter institution	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF	F WORKING LIFE! INDU	IND OF BUSINESS OF STRY, thome
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Sel.	14. F	ATHER'S NAME  FIRST  AND  AND  AND  AND  AND  AND  AND  AN	Thre		15 MOTHER'S MAIDEN NAME FIRST		Mu	Ver
the mee	láa \	NAS DECEASED EVER IN U.S. ARMI			Mrs. J.A. Be	Langer 2275		1122 Pasadena,
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iene prior	TIPICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
9	AL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR			
narked	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21a PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
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> =		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 73c	nuid R	idge Cont	Baltimo	re City	Md. A
-16 25M 5, 4) 1/79	24 F	Mc Cully Funeral	Home 3204 Mous	ntain	Rd. 21122 NC	N 8 1983	25b. REGISTRAR'S SH	SNATURE

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2		FOR	DEDARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	See. 2 8	0 6 6	
Xo	1 -	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.		EST
1		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR	26 HOUR
		JOSEPH	4-2-4-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	RZEPKOWSKI	NOVEMBER	09, 1983	1012 64
	3. SE)	mal	4 RACE White	5. DATE OF BIRTH Feb. 25, 1904	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	HOURS MIN.
Touce.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH	
0/3		Balti., Md. TY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	NDEL COUNT	MD.  OF BUSINESS OR
54	10 CI	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	
9	USUA	AL RESIDENCE (IF NURSING HOME OF	NORTH ARUNDEL		Self EMPI		ail Sale
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Jec J		THER'S NAME		15. MOTHER'S MAIDEN N		On Drive	
4126	J	ohn Rzepkows	ki tast	Antoine	MIDDLE -	Six	vak
8 /	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS		van
ae d		res, no or unknown) (14 Yes, GP	ve war OR DATES) 217-14-	-6540 Josephine	Rzepkowski	7 Kelli	ngton Dr
t, the		18 CAUSE OF DEATH (Enter of	nly one cause per line lar (0) (b), and	dicia			ONSET AND DEATH
even		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	chexia -			
artic		7140	DUE TO, OR AS A CONSEQUE	NCHOF 4			
roum		Conditions, if any, which gove rise to immediate	(b) (YV)	sermen un	^		
other		cause (a), stating the underlying cause last.	DUE TO, OR AS CONSEQUE	nce of lind only	intr		
njory, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	0
100	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE FIND IT	
hows	RTIF				YES NO	YES 🗌	NO 🗆
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# E	MEDICAL	LIF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19		The arms Live	
9	MED	714 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR FOWN	COUNTY	STATE
orke		A WORK LA		11-187	1119	113	
.e		24.1 Strify that (1) (this hosp			in death occurred on the date	19	that (I) (we) last
m 21		abov. (h leval dish (did no	t view the body after death			22c. DATE	
#	1	VID JY	e. Blan.	DEGREE ATTENDING	MEDICAL STAFF	_ 11	19/12
N N	1	DIA HASICIAN'S NAME FOR	To Tame	PHYSICIAN  122e ADDRESS			111
PORTANT	1	9		78	345 OAKWOOD RD	, #205	
Odw.	22.10	ORGE BY RAM	MIREZ, M.D.	GLEN BUE		21061	
		(SPECIFY)			CITY OR TOWN	COUNTY	STATE
	24 FI	Burial UNERAL DIRECTOR	11-12-83   St	? <b>6</b> (2)	Dundalk MTE REC'D SY DECOMPAR 25	Balto.)	Maryland
W 4/83	100	ymond C Fin	k Glen Burni	DM S	N I O 1903	pand 4	many.



14	1-	FOR STATE REGISTRAR		DEPARTMENT C	TATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	REG. NO.	i / ES
75		CEASED NAME FIRST MARGA	RET LEN	A SANI	DERS	NOVEMBER 13	DAY YEAR 26. HOUR 50. 1983
of poo	3. SE)		1. RACE White	5. DA	TE OF BIRTH  ONTH  DAY  1898	6. AGE   IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2.
M		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	MAI	RRIED NEVER MARRIED DIVORCED DI	9. BALTIMORE CITY OR COUNT ANNE ARUNDE	TY OF DEATH
134	10. CI	GLEN BURNIE			AE OR OTHER INSTITUTION	120. USUAL OCCUPATION  (1) PE OF WORK FOR MOST OF WORKING  HOUS EVEL 1	LIFE) 126. KIND OF BUSINES INDUSTRY at home
old be	130. S	AL RESIDENCE (IF NURSING HOME O	INTY , IBO	esidence before admissi CITY OR TOWN <b>Sadena</b>	ON) 13d. INSIDE CITY LIANTS? YES NO 1	130. STREET ADDRESS	Ave., 21122
and 2 sh	)4. FA	Peter	MIDDLE A	rnigen	15. MOTHER'S MAIDEN NA	MIDDLE	Lessner
Pages 1		VAS DECEASED EVER IN U.S. AI (15 YES, G)		SOCIAL SECURITY N	O. 17. INFORMANT	1415 Mt. Ainy Re	d. 21237
mave carb mation, ar troumatic		Conditions, if any, which gave rise to immediate		A CONSEQUENCE C		la Diseare.	
d by the		cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE C	of hite Congestion	e Hear failure	•
has been signed by the permit. Then please re tene prior to burial, creations only injury, or other	TIFICATION	cause (a), stating the underlying cause last.	conditions contr pilure;	BUTING TO DEATH	4	MINAL DISEASE OR CONDITION G  POSSIBLE INTERSEL  200 AUTOPSY?   100 CERT	SIVEN IN PART IO Exposis of Long TIES, WERE FINDINGS USED TIES IN O O
pr this certificate has been signed by the the buriol-transit permit. Then please re and Mental Hygiene prior to buriol, creeked or frem 18 shows ony injury, or other	MEDICAL CERTIFICATION	PART 2. OTHER SIGNAL CANT  Chronic Renal  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OI (IF EITHER, NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE NOT WHILE	CONDITIONS CONTR  19b. CONDITION  21b. TIME OF INJ HOUR A.M. 21e. PLACE OF IN	IBUTING TO DEATH  CONSTITUTE  FOR WHICH OPERA  URY  MONTH DAY YE	BUT NOT RELATED TO THE TERM HEAL Jailure  ITION WAS PERFORMED  216. HOW INJURY OCCUP  211. LOCATION	MINAL DISEASE OR CONDITION G  POSSIBLE INTERSEL  200 AUTOPSY?   100 CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
RECTOR. After this certifications as the buriolist hed for use as the buriolist pet. of Health and Mental tem 21 is marked at them		Cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNATICANT Chronic Kend 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OIL (IF EITHER, NOTIFY MEDICAL EXAMINITY 21d. IN JURY OCCURRED	CONDITIONS CONTR  19b. CONDITION  19b. CONDITION  21b. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	URY MONTH DAY YE  LEGSED FRAME ETC.	BUT NOT RELATED TO THE TERM HEAL Jailure  ITION WAS PERFORMED  216. HOW INJURY OCCUP  211. LOCATION STREET  211. LOCATION OF THE STREET  DEGREE	WINAL DISEASE OR CONDITION G  POSSIGN INTESSICAL  206. AUTOPSY?  YES NO NO NOTE:  CITY OR TOWN  To death occurred on the date and he	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO COUNTY  COUNTY  STORY  THE TOTAL COUNTY  THE TOTAL COU
		Cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNAFICANT Chronic Renal 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OI (IF EITHER. NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK AT WORK OBDONE, (I) (Whis hope source that the deceased alive a obove, (I) (was alived) (did a obove, (I) (was alived)	CONDITIONS CONTR  19b. CONDITION  19b. CONDITION  21b. TIME OF INJ HOUR A.M. P.M.  21e. PLACE OF IN (AT HOME, STREET, FA  pital) ottended the decon  1// 1/2  OR PRINT)	URY MONTH DAY YE  LEGSED FRAME ETC.	BUT NOT RELATED TO THE TERM HEAL Jailure  ITION WAS PERFORMED  216. HOW INJURY OCCUP  ARR  219  211. LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN  226. ADDRESS  6  6  6  7  7  7  7  7  8  19  21  21  21  21  21  21  21  21  21	WINAL DISEASE OR CONDITION G  POSSIDE INTERSECTION  200. AUTOPSY?  100. IFY  IN CERT  YES NO  CITY OR TOWN  CITY OR TOWN  MEDICAL  MEDICAL  MEDICAL  STAFF  DIRECTOR PHYSICIAN  OF HAMMONDS LANE	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO COUNTY  STATE OR PART 2)  COUNTY  STATE OF THE COUNTY STATE OF THE COUNTY STATE OF THE COUNTY STATE OF THE COUNTY OUT ON THE COUNTY STATE OF THE COUNTY



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XT MONTH 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 11/6/83 Linda Sauerhoff 4 RACE 5. DATE OF BIRTH IE LINDER 24 HRS DATE PRONOUNCED 11/6/83 White 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Paryland Anne Arundel County WIDOWED DEDWORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ORINDUSTRY Glen Burnie North Arundel Hospital Balto., Md. 300 S. Pulaski Street 13d. INSIDE CITY LIMITS? 13a STATE Baltimore I FATHER'S NAME IS MOTHER'S MAIDEN NAME Gilbert Donach ADDRES Balto., Md. 21225 IAB. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Bette M. Dorsch 202 W. Arundel RD 217-40-9412 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING subj. driver lost control and ran off road 6:17xx 11/6/83 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. highway Arundel Corp. Rd. off Rt. 2, Anne Arundel, Md. AT WORK AT WORK 27a I certify that Ltook charge of the remain charge diabave, held an and in my apinian coident X death resulted. Suicide ... Hamicide \_\_\_ Undetermined manner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 11/7/83 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 PennSt., Balto., Md. 21201 TYPE OR PRINT Security Process Inc. remation atonsville BP 24 FUNERAL DIRECTOR **DHMH - 17** Mc Cully Funeral Home 237 E. Patansco Ave (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

Programme A. Company Miller Stand 1. Land 1. Lan California II. - I (modern 27 - 12 Tr. Level . Joseph J. P. . respect W. ASSESSMENT OF THE PROPERTY OF West States of the second of the sound of the second of th a true control from 257 . Take once twe.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

FOR

REGISTRAR

- STATE

21122 Unk. LAST same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO M 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian death occurred an the date and hour and fram the couses stated 22c. DATE SIGNED DIRECTOR PHYSICIAN CITY OR TOWN COUNTY orraine Park ntombment Cully Funeral Home 3204 Mountain Rd. 21122

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

IF UNDER 24 HRS

IF UNDER 1 YEAR

DAYS

126. KIND OF BUSINESS OR

at home

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STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH 2b. HOUR 11 10 83 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.

TYPE OF PRINT KATHLEEN G. SCHEITLIN 4 RACE 5 DATE OF BIRTH MONTH 28 22 Female. White BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Pennsylvania U.S.A.

MARRIED NEVER MARRIED DIVORCED [ WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
218 Coronet Drive

Anne Arundel County 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker

BALTIMORE CITY OR COUNTY OF DEATH

55

17h, KIND OF BUSINESS OR INDUSTRY

Troy

21227

Linthicum USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Maryland

Sheldon

4 FATHER'S NAME

II. CITY OR TOWN OF DEATH

- STATE

REGISTRAR

DECEASED NAME

COUNTY 13c CITY OR TOWN Baltimore

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

Bowman

Winifred 17. INFORMANT

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

MIDDLE ADDRESS

3313 Bero Road

21227

P.

Me WAS DECEASED EVER IN U.S. ARMED FORCES HEYES GIVE WAR OR DATEST

215-24-7930

CONSEQUENCE OF

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

166 SOCIAL SECURITY NO

Barry L. Scheitlin 2417 Brunswick Rd.

Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.

710. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER

> NOT WHILE AT WORK

saw the deceased alive on.

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19s. DATE OF OPERATION

CERTIFICATION

00

0

MPORTANT:

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

PM

21e PLACE OF INJURY

11/14/83

DEGREE

NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20a. AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

COUNTY

STATE

NO T

above, (1) (we) (did) (did not) view the bady after death 776 SIGNATURE

224 PHYSICIAN'S NAME (TYPE OF PRINT)

23b. DATE

228.1 certify that (1) (this haspital) attended the deceased from\_

22ª ADDRESS

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED 11-10-83

Dr. Domingo Sorongon

3915 Hollins Ferry Road 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Baltimore Loudon Park Cemetery

Mary land

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR

Buria1

230. BURIAL, CREMATION, REMOVAL

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE

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ANNAPOLIS. MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

NAME

HARDESTY FUNERAL HOME

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版图 6	1.	REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO.		
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rrol d 72 ho	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED 1	NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH	
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0 0 0	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		HER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BU	JSINESS OR
by the	A	nnapolis	Anne Arund	1 (1	: 1 thso:	Dept Manage		A
2120 2120 Lin b be fil	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION)	- 103	, ,		
hin 24 h	138	TATE 13b COUN		1	NSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	101	143
thin thin 2 short inergraphs	14 E/	THER'S NAME	4 Hunas	15 M	OTHER'S MAIDEN N		sod na, 2	.1760
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or to or rings	<u> </u>	Keval taile	re, hyperurica					
ow remit.	18	190 DATE OF OPERATION	1%. CONVITION FOR WHI	CH OPERATION WAS	SPERFORMED	20a AUTOPSY2 20b.	IF YES, WERE FINDINGS ERTIFYING CAUSES OF	USED DEATH?
TAL RI	CERTIFICATION					YES NO		10 🗆
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate been sig as the buriol-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injur	3	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c.	HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
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DIVIS or otter After the eas the oith one		22a.1 certify that (1) (this haspi	tall attentied the deceased from		10 71	11-7-	10 8 5 that	t (I) (we) last
7 0 0		saw the deceased alive an	// /	V	in (my) (aur) apinio	n death accurred on the date on		
		abave, (1) (we) (did) (did no	t) view the bady after death.	DEGRE			22c DATE SIG	
OR OR Dep		11.510/1/2	NV.	DEGRE	ATTENDING.	MEDICAL STAFF	117	87
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5 th 5 th ₹	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 2	C. NAME OF CEMETE		23d. LOCATION		
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Trease for the real States and the American County Andrew Hard Stranger and Strang Harrier W. Secretary Lucitures (Elen Sue) promoted at main to 2 of 188 ..... 11.23 BURNEY HUNGSTRE GUR HAVEN COMERCE BURNEY HANGE STEEL ERECPHANTED THE STREET HOW 28 BEST

X)/(1)	1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 2 8	0 6 5
7 1 11	(TYP)	CEASED NAME FIRST	ER B.	SISSON	20. DATE OF DEATH MONTH	11 83 600 PM
age 4 m mette, p	3. SE	MALE	WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) VRS	
death P	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED   WIDOWED DIVORCED	HUNE HA	PUNDEL MD.
201 Is offer	P	NW Apohis	108 GREEN	PRING DR.	120 USUAL OCCUPATION (1/14/OF WORKFOR MOST OF WORKHO	LIFE) 12b. KIND OF BUSINESS OR INDUBUTRY
AND 213		AL RESIDENCE (IF NURSING HOME O	(1) CITY OR TOW	YES NO Y		PING DE1403
completely I and 2 sh	14 F.	BOYD BRO	WW SISSON	15 MOTHER'S MAIDEN NAMED FIRST	MIDDLE C	EMENTS
BALTIMORE, one be execu- sicion and coppers. Pages fool: t, the medical		WAS DECEASED EVER IN U.S. AF YES, NO OB UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU WAR OR DATES) 400 22 8	779 HELEW BOUK	VELIS SISSON	#13
ST., BAL prificate physics onpoper emoval.			nly ane couse per line for (a), (b), an ED BY: TE CAUSE (o) MASS/V	GE HEMOREHI	KL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  29 HKS
PRESTON he death ce me offendin motion, or a		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF COA	LULOPATHY	Zioks
201 W. PR es that the ned by the please rem urial. cremo		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE		IEPATIC METASTAS	es 6 mms
	NOIL	NONE		DEATH BUT NOT RELATED TO THE TERM		
AL RECORDS. The low required to the low required to the low peem significant. There is presented to the lows ony injury.	CERTIFICATION	NONE NONE	NONE	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
N OF VITA SICIAN: The physician certificate certificate entol Hyggin entol Hyggin them 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2]
DIVISION OF  NG PHYSICIA  of the this certif os the burol-t th and Mental  orked ar them	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
PIV RATTENDING hospital or oth RECTOR, After red for use ost ipt. of Health o		sow the accessed alive on obove, (I) we)(did) did no	ot view the body ofter death.		deoth occurred on the date and h	our and from the causes stated
OR borne		Lichard Li	Heremy		MEDICAL STAFF DIRECTOR PHYSICIAN	11 NOVES
TO HOSPITAL retained by the TO FUNERAL I should be detained with the State I MAPORTANT. I		RECHARD L	NEMEC .	NMCL ANNA	roces, Annamoi	15 MD 21402
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DHMH - 16 50M 7/77 (VR A 15 (4))	74 F	UNERAL DIRECTOR  NAME  VLOR FUNERY	L CHAPEL ADDRESS H	UNAPOLIS MAN	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

LATER B. ISKSOM Harmonde We Bessell for my Dec West Control State Company PER THE PLANT OF THE REPORT OF THE PARTY OF STURY TO THE RESERVE AND THE STATE OF THE ST LES IN DEVENOUR PLANT THE IS SHELL STANDED THE LO THE TANK OF THE PROPERTY OF TH TAVES FOREST WESTER WESTER BY A SESS Comp. S. Comit.

0 2	1.	FOR - STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	Siene 2 8	o 6 6 EST
among I	1 05	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26, HOUR
noy be podge 3 rr death		CLAR		SLOSMAN		, 1983 1215 PM
	3. SE	X	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ge 4 r	F	EMALE	CAUCASIAN	JUNE 26 1902	81 YRS.	
2 hau	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
Junero Junero Jun 72		Russia	UNITED STATES	WIDOWED DIVORCED	ANNE ARUNDE	
by the filled with	10. C	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDE)	G HOME OR OTHER INSTITUTION ADDRESS) L HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
24 hour	13a.	STATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW ARUNDEL MILLERS	N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 322 ARBOR OAK	25 CT. 21108
tely 2 sh		ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
ed with		ABRAHAM	KACHEF	SKY BERTHA	WIDDLE	FISCHMAN
5 0		WAS DECEASED EVER IN U.S. AF	MED FORCES? 166. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
oe exection and or Pages		No -	820-06-	8292 RAVID SLOSM	MAN (SAME I	AS 13)
rficate by physicio physicio npapers maval.		18. CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), an	d (c).)		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
rtificat g physi anpap emava event,		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) CARDIO	PULMONARY TY	res (	ammodiate
th ce rearbing arric		4100	DUE TO, OR AS A CONSEQUE	INCE OF 1 /		0
ation, a		Conditions, if any, which	( 16) MUSOOY	rdial inforction	)n	Ommodiak
that the day the ease remail, crema		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	elevotic HAR	T Disean	years
uires t signed en ple a burio iury, ar		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1/a
	ON N	Hunorter	18/a			
on. has been to permit. It permit. I ene prior	CERTIFICATION	19 DATE OF OF RATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES IN CERTIF	S, WERE FINDINGS USED TYING CAUSES OF DEATH? S \( \text{NO}  \text{NO}  \text{NO}  \text{NO}  \text{NO}
	- E	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	
SACIAN: The ing physicio certificate uriol-transit Aental Hygie Item 18 sho		OR CONTRIBUTING _ CAUSE OF DE		AY YEAR		
PHYSICIA ending ph this certifine burial-trad Mental dar Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	21f LOCATION		
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or or se os se os se os se os se os			ital) attended the deceased from_	early 19 83	1,101.5	19.83 , that (I) (we) last
ATTENDI spital or CTOR: A d for use i. of Heal		saw the deceased alive as	NOV. 3 19	83, and that in (my) (our) opinian	death occurred an the date and have	or and fram the couses stated
		27h SIGNAPORE	w the bady after death.	DEGREE		22c. DATE SIGNLO
the hall DIRE		V6 1	m	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	nich
O HOSPITAL etained by the TO FUNERAL should be detained by the with the State MAPORTANT:	1	274 PHYSICIAN'S NIME FOR	4.0		845 OAKWOOD ROAD	19/0
TO HOSP etained TO FUNI should b with the		TRA E KAP	TAN	THE RESERVE OF THE PARTY OF THE		1061
Sho of sho	23a			NAME OF CEMETERY OR CREMATORY	23d. LOCATION	10001
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	0	SIANI MEMBEIN PAR	K LOS ANGELES	LOS ANGELES CA.
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR	501		TE REC'D. BY REGISTR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	R	BERT S. BARRAN	ico Sever	ENA PARK MD. NOV	9 1983 Han	y labely.

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Jan. Daniel	Water all the said of the said	

		FOR	DEPART	MENT OF HEALTH AND MENTAL H	YOUNG 2 8	061
6	1.	STATE REGISTRAR	DEI AKI	CERTIFICATE OF DEATH	REG. NO.	
( ) ( ) ( ) ( ) ( ) ( )		CEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
pooe 3	3. SE	William	Hugust 1	IS DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	12 83 3 AM
ge 4 m scfor, [	Υ	nole	(1) hite.	Seat LO 1918	0 101 v	MONTHS DAYS HOURS MIN.
h. Pag	7a. B	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORECITY OR COL	
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rs offer d	G	nnapoli's	(IF NOT IN SYCH FACILITY, GIVE STREET	ADDRESS) General Hospi	TWE OF WORK FOR MOST OF WORK	
makYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill	USU.	AL RESIDENCE OF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	13d. INSIDE CITY LIMITS		e Street 21401
within within staly if 2 sh	14. F/	THER'S NAME	MODIN LASI	15. MOTHER'S MAIDEN		inst.
	1	Villiam	H- Smal	Hnno	<b>ADDRES</b>	Lutz
BALLIMORE, tote be execut systian and copers. Pages 1 val. t, the medical		(AS DECEASED EVER IN U.S. AR/ ES. NO OR UNKNOWN) (IF YES, GIVI	web forces? 16b. Social Section (War or Dates)	M36 Audrey	R. Small	Same as
hysicial popers.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one cause per line far (a), (b), ar	1 7 1	* * :	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S P P P P P P P P P P P P P P P P P P P		4180 IMMEDIAT	E CAUSE (a) MYO CA		avelion	Immedia/Q
he death or he attendin emove corb motion, or r froumatic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	Coronary A	rtery disease	Yrs
W. PR  by the size rem  cremo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU		sclerosis	Yrs
gned	_	PART 2. OTHER SIGNIFICANT C	(6)	DEATH BUT NOT RELATED TO THE TE		GIVEN IN PART 11a
been sirmit. The prior to ony injur	Į į	Dia bele	5 mellitus	OPERATION WAS PERFORMED	20g. AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
IVISION OF VITAL RECORDS  C PHYSICIAN: The law requi ottending physicion. fer this certificate has been sig s the burial-transit permit. Ther n and Mental Hygiene prior to be rised or Item 18 shaws any injur	CERTIFICATION	170. DATE OF OPERATION	176. CONDITION FOR WINCE	OFERATION WAS FER ORMED	YES NO	ERTIFYING CAUSES OF DEATH?  YES NO
ON OF VITAL R HYSICIAN: The Ic ding physicon. is certificate hos buriol-transit per Mentol Hygiene.		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	in l	AY YEAR	URRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
HYSICIA nding pl his certif burial-t d Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ING PH r otten After th os the l lth ond	2	AT WORK AT WORK			277	81 60
TEND into a COR:		220.1 certify that (1) this haspit sow the deceased alive on abave (1) (we) (did (did no	al) attended the deceased fram	22	on death accurred on the date and	hour and fram the couses stated
OR AT DIRECT DIRECT Dept. of Item of	1	22b. SIGNATURE	view the bady after death.	DEGREE		22c. DATE SIGNED
그는 그들은		22d. PAYSICIAN'S NAME (JYPE O	1. + well	ATTENDING PHYSICIAN  22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11/12/83
TO HOSPITAL retoined by it. TO FUNERAL should be det with the Stote		Toseph	N. Friend	205 Rd	gely Are	Anny, lis ust
	23a.	BURIAL, CREMATION, REMOVAL APECIFY)		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COPPLY STATE
BP DHMH - 16 50M 4/B3	24 E	JNERAL DIRECTOR	100V-1217821	01.11 (ary '5	DATE REC'D. BY REGIS RAR 256, RE	GISTRAR'S SIGNOTUP
(VRA 15, 4)	tto	wor tiner	al Chapel- Hn	nopolis Munu	1 6 1983 Sole	2. CAMPINE

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STATE OF MARYLAND

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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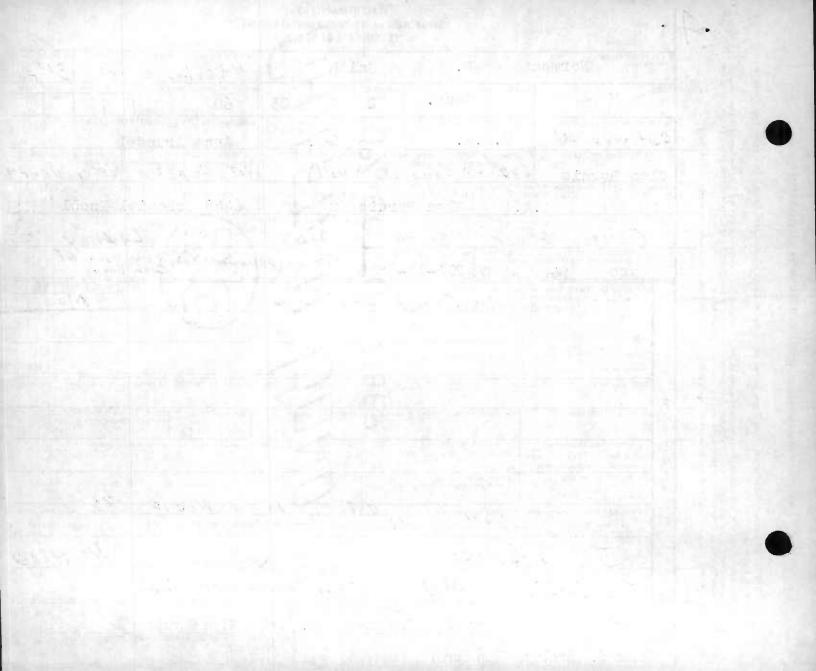
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Ī		CEASED NAME FIRST NORMAN	MIDDLE F.		nith		te date of bernin	AONTH DAY	YEAR	26. HOUR	
L		NOTHEIL	F •				November	- 10,198	3	0	P M
	3 SEX	M	cauc.	S. DATE O		YE23	6. AGE (IN YEARS LAST BIRTH	YRS.	THS DAYS	HOURS	MIN.
		RTHPLACE ISTATE OR FOREIGN 71	U.S.A.	MARRIE	NEVER A	AARRIED [	Anne An		DEATH		MD.
4	10. CIT	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NO	JRSING HOME O	- Inner	ITUTION	12a. USUAL OCCUPATIO	NO.	26. KIND C	F BUSINE	
	THE PERSON	Glen Burnie 649 48 Colonial Knoll (Type of work of						R (IFE)	VETE/	INC	dry
	13a. S	L RESIDENCE (IF NURSING HOME OR O TATE 13b. COUNT	Y, 13c. CITY OR	TOWN	13d. INSIDE C	ITY LIMITS?	6448 COl	onial	Kno	11 2	21061
		THER'S NAME	DOLE LAS' MEY S'N	[.]	-	MAIDEN NAM FIRST USTA	( NO DE		Wes K	Law	itsk
1		(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE W		SECURITY NO.	17. INFORMA	Crisper	ns (sister) 66	Sewhit A Glen B	IOFF	GT	
Ì		18 CAUSE OF DEATH (Enter only	one couse per line for (o) (	o1, and (c1.)		/			APPROX BETWEEN	MATE INTER	DEATH
Į		PARTI. DE ATH WAS CAUSED BY: Small Cell CA OF Lung								70	
ı		DUE TO, OR AS A CONSEQUENCE OF									
١		Conditions, if ony, which gove rise to immediate (b)									
١		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.									
1.	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
d	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	OR WHICH OPERATION WAS PERFORMED			200. AUTOPSY? 20b. IF YES, WERE FINDINGS U				
1	TIFIC					YES NO	YES [	CAUSES	NO [		
-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR			JURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION		CITY OR TOWN		COUNTY STATE		
	M	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	SINCE		A A	10	21	31	
		220.1 certify that (1) (this hospital) objected the deceased from OCT 1970, to 10010 1930, that (1) (we) last									
		saw the deceased alive on 1983, and that in (my) (early opinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body offer death.									
		226. SIGNATURE  J. C. Cullis MD  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						No.	VI91	1983	
		224 PHYSICIAN'S NAME (TYPE OR PRINT)			22e. ADDRES		10000	2. 11		,	
		T. C. Callis	181/			Avesa		ALK			
	23a B	Burial, CREMATION, REMOVAL	14 Nov 83	Glen Ha			Glen Bur		UNTY	· MD	ATE
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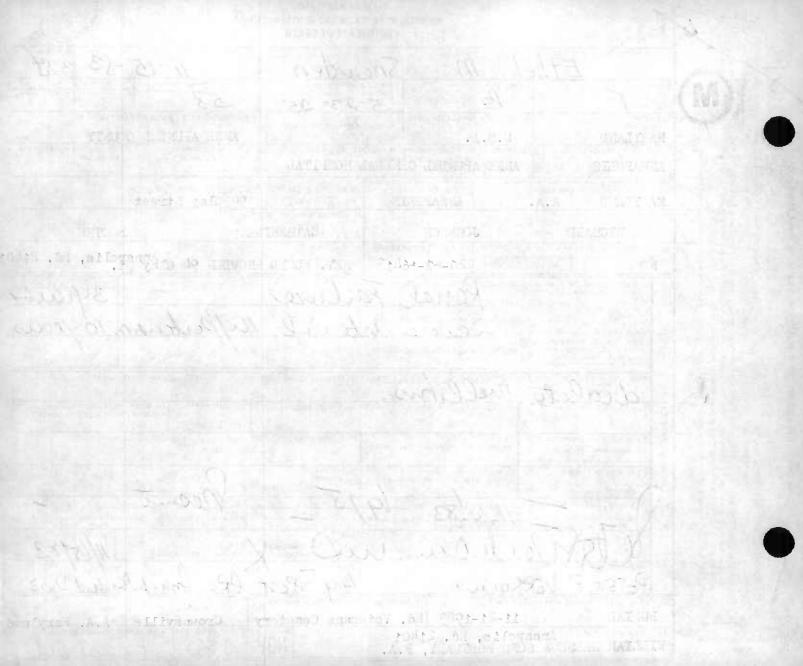
(VR A 15 (4) ) 9/74

James S. Kirkley, Glen Burnie, MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	76	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 2 8  CERTIFICATE OF DEATH							0
	235		CEASED NAME FIRST OR PRINTI	el m.		unden	REG. NO.	DAY YEAR 126.	HOUR A
2	(M)	I. SEX	F	1. RACE	5. DATE (	DF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  VRS	MONTHS DAYS HO	UNDER 24 HRS SURS MIN.
	100	MA	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	U.S.A.	WIDOWI		9. BALTIMORE CITY OR COUN ANNE ARUNDEL	COUNTY	MD.
201	3	AN	TY OR TOWN OF DEATH	ANNE ARUND	EL GENERA		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUINDUSTRY	JSINESS OR
LAND 21	the state of the s	130. S	AL RESIDENCE IN NURSING HOME OF TATE 136. COULARYLAND A.A.	NTY 13c. CITY	OR TOWN APOLIS	13d. INSIDE CITY LIMITS?  YES  NO  15. MOTHER'S MAIDEN NA	13e STREET ADDRESS / ZIP CO 94 Clay Stree	DE 218	4/1
, MARY	complete complete		RICHARD  VAS DECEASED EVER IN U.S. AI	JOHNSO SONO SONO SONO SONO SONO SONO SONO	ON AL SECURITY NO.	CATHERI:	A A APPROX M	BOOTHE	
BALTIMORE	he exec	100.		ve war or dates) 219	-16-1353	REV. FLOYD	SNOWDEN 94 Clay	napolis, M	
201 W. PRESTON ST., B	IN: The low requires that the death certificat hysician.  Inside has been signed by the attending physicansit permit. Then please remove carbonpaph Hygiene prior to bural, cremation, or removal 8 shows any injury, or other traumatic event, it		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, GRAS A CO	NSEQUENCE OF	ilure	Kyperkus	390 50 /	ears
DIVISION OF VITAL RECORDS, 3		CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	3 Nell	hus	ON WAS PERFORMED	YES NO	YES, WERE FINDINGS TIFYING CAUSES OF YES \( \text{ \text{N}} \)	USED DEATH?
ONOFVI	IYSICIA ding pl is certif buriol-t Mentoll or Item	EDICAL CE	OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) HOUR A.M. MON P.M.  21e. PLACE OF INJURY	19	ZII LOCATION	RED (ENTER NATURE OF INJURY IN ITEM T		
DIVISI	TTENDING P pital or otter TOR, After th for use as the of Health and 21 is marked	J.W.	274 I certify that (I) (I) - 105p	// /- / Y /	from	ng that in (my) (a popinion	, to CITY OR TOWN		t (l) (c) lost
	TO HOSPITAL OR ATreformed by the hosp TO FUNERAL DIRECT should be detoched for with the Stote Dept. or LIMPORTANT: If them 2	7516	WAND	leul Oce PRINTI	ml	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATESIG	'£3
			SURTAL  SURTAL	23b. DATE 11-21-1983		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	J403 STATE
	BP DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR AND LLIAM REESE &			erans Cemeter	Y Crownsy111 TE REC'D. BY REGISTRAR 256 REG  1 8 1983		

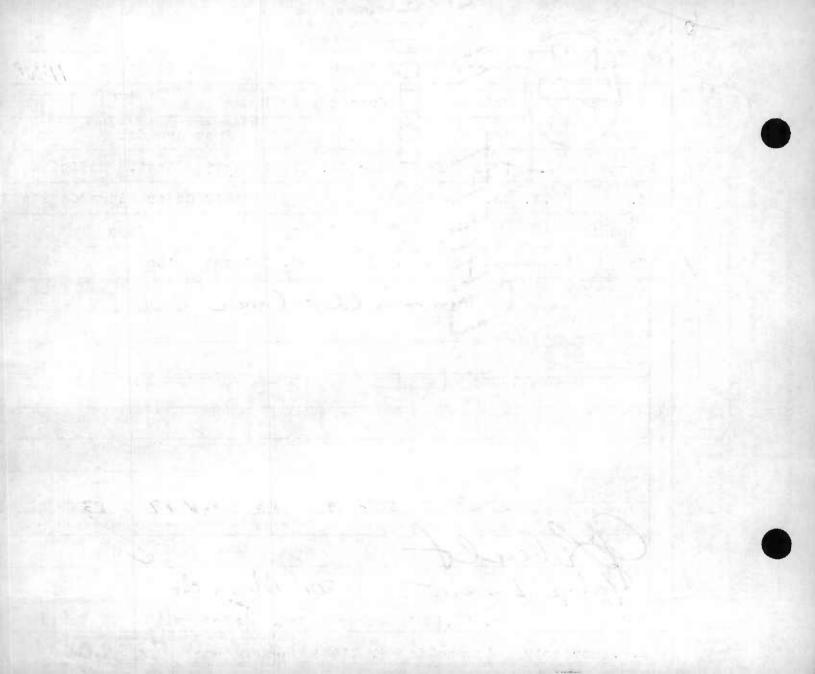


		FOR		ST DEPARTMENT O		ARYLAND AND MENTAL P	YGIENE	2 8	6 7	1
Jo		STATE REGISTRAR	ME	DICAL EXAMI	NER'S	ERTIFICATE C	F DEATH	REG. NO.		
# 2.68£		CEASED NAME FIRST	5	AVCES	<	terlin	20 DAT OF DEAT	KNOWN ESTI-	MONTH DAY	YEAR 126 HOUI
Y, PLEAS IRECTOR UR FILE 2 HOUR N STREE	3. SEX	EMALE ALC	5. DATE OF BIRTH MONTH DAY 04 10	YEAR LAST BIRTH	DAY) MONT	DER 1 YR. IF UNDER		TE UNCED	MONTH DAY	YEAR 2d HOU 183 /22
CESSAR VERAL D FOR YO VITHIN 7	FO	RTHPLACE (STATE OR REIGN COUNTRY) RYLAND	7b. CITIZEN OF WI			ED NEVER MARR	IED . 9. BALT		COUNTY OF D	17
EAY IS NECESSARY, PLEASE ID THE FUNKRAL DIRECTOR. PAGE 5 FOR YOUR FILES. EFILED, WITHIN 72 HOURS SOU W. PRESTON STREET.		TY OR TOWN OF DEATH		SPITAL, NURSING HO!	WIDOW ME, OR OTH			UPATION (TYPE OF ORKING UPE)	OF WORK 12b. KIN	ID OF BUSINESS
21201 F ANY DEL AND 3TO PER AND 3TO PER AND 3TO	USUA 130. Ş	L RESIDENCE (IF IN NURSING HOME CLATE 13b. COUN				13d INSIDE CITY LIMITS?	IJA STREET ADD	RESS P	IN O	1032
2 44 38 7	1	$Nd \cdot   F$	1.A.	Crowns	ville	YES NO	1770	Shel	ton 1	50.
MAN AND AND AND AND AND AND AND AND AND A	11.17	JOSEPH	MIDDLE	GRIG'A'LUN	AS	MARIAN	ENNAME	MIDDLE	I.	AST
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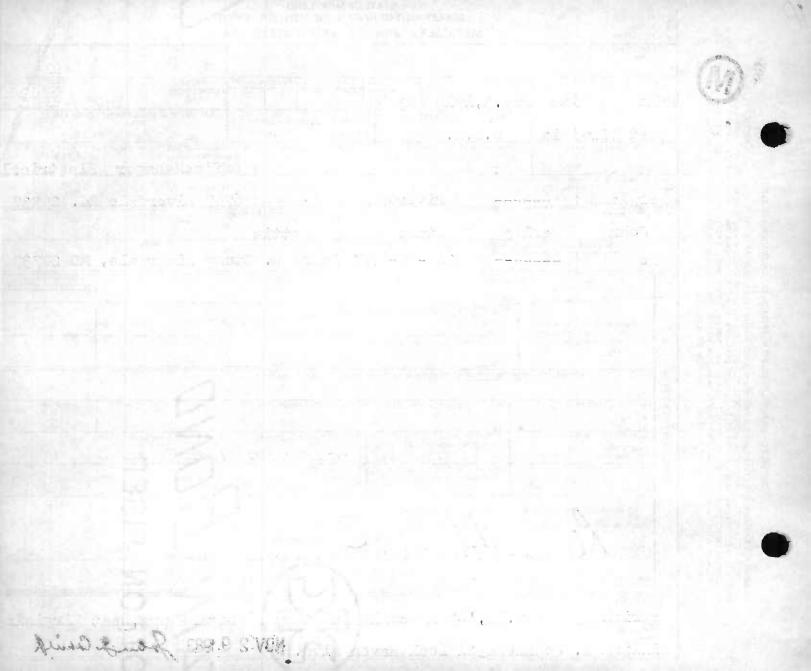
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-	1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL H ICATE OF DEATH		G. NO.		
ge 3		CEASED NAME FIRST	Gazel	le	Stin	ast Ison	20. DATE OF DEA	тн момтн	1983	26 HOUR //:00 PM
	3. SE	x Female	4 RACE Whit	е	5 DATE C	of BIRTH de 20, 1'9°2	6 AGE (IN YEARS ).	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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signed by the ottending physici Then please remove carbon paper to burial, cemation, or removal. njury, or other traumatic event, th	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, CO	DR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TE		CONDITION	GIVEN IN PART 1	(0)
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STATE OF MARYLAND 8 5 28 5 / 2



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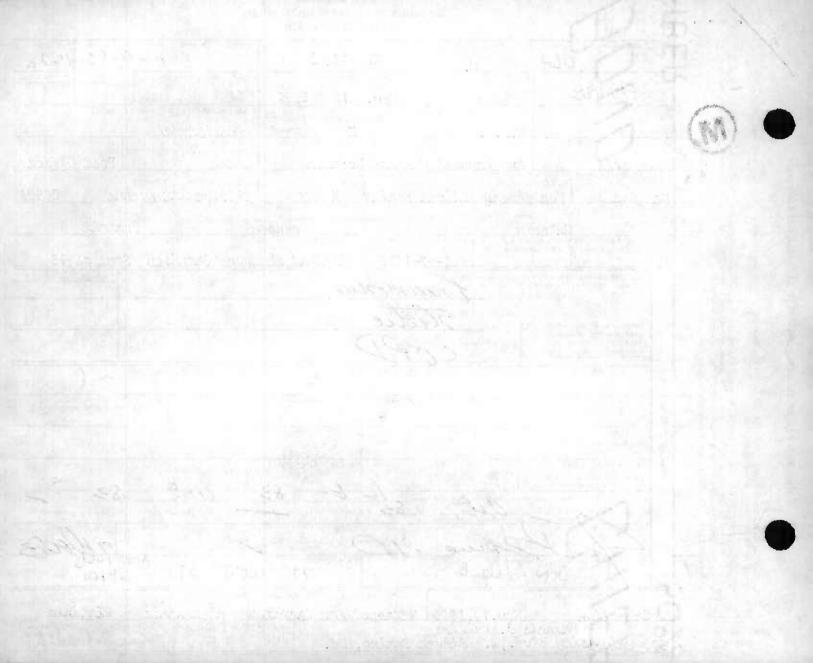


/		FOR	2001021	STATE OF MARYLAND	5 28	0/4
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4	1 DE	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 76 HOUR
(MIX		ORPRINT) JOHN	M.	Suit SUIT	II	17 83 913 AM
1	3. SE	4.	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Poge 4		Male	White	"3" 24 17	66 YR	
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o u u		IDD	USA	WIDOWED DIVORCED	Hone Hr	undel MD.
* Fn 2	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH PACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS)	120: USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
hours of in by the file follows	USU	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION GIVE RESIDENCE BEFORE	General Hospi		
4ND 2	13a. S	ND 13b. COUNT		N . 134 INSIDE CITY LIMITS?	1319 Homewood	7/2/101
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BALTIMORE, cate be execut by sicon and coppers. Pages 1 wal.		VAS DECEASED EVER IN U.S. ARME VES IND OR UNKNOWN] (IF YES, GIVE V	ED FORCES? 16b. SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	Same as
₩ D 0 % 0		NO I	21405-	HOMary K.	Duit-	413
ficate b ficate b papers. noval. ent, the		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), an	d (ci.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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requires that the death corrections signed by the attending Then please remove carb in to buriol, cremotion, arrivinging, or other traumoticinging.		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSPOUN	NCE OF BRAIN TIME	en - Gliona	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR	DEDART	STATE OF MARYLAND	Simo Z	80/6
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3. SE		WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	
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			NG HOME OR OTHER INSTITUTION	(Type OE WORK EOR MOST OF W	12b. KIND OF BUSINESS OF
		13c. LY Y OR TOW	E ADMISSION) (N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / Z	ISENCE ROLL
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	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH D ER) P.M.	AY YEAR	RRED (ENTER NATURE OF INJURY I	N 11EM 18 PART 1 OR PART ?}
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	sow the deceased olive o obove, (1) (	n 11/9 18	, and that in (my) (our) opinion	n death occurred on the date	ond hour and from the couses stated
	Red	Hochman	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	1.6-
-	224 PHYSICIAN'S NAME LIVE	OR PRINTS			
22	224 PHYSICIAN'S NAME TYPE  R. J. HO  BURIAL, CREMATION, REMOVA	chuzn, rud	NAME OF CEMETERY OF CREMANY	for Au	rapoly luda 146
The same of the sa	1. DEC (TYPE 3. SE) 70. BI 10. CI 113a. S	- STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  10. CITY OR TOWN OF DEATH  HUNGHOUN  10. CITY OR TOWN OF DEATH  HUNGHOUN  114. FATHER'S DIAME FIRST  HOM AS  164. WAS DECEASED EVER IN U.S. A (WES, MO OR UNKNOWN)  18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  196. DATE OF OPERATION  197. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED  WHILE AT WORK  210. I certify that (1) (this hosy sow the deceased oflive or	- STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  76. BIRTHPLACE (STATE OR FOREIGN ROUNTRY)  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING NOT WHERE INSTITUTION, GIVE RESPENCE BEFORE 136. STATE 136. STATE 138.	The Deceased Name (The OF DEATH  The Deceased Name (The OF DEATH  The Deceased Name (The OF DEATH  The Birthelace (State of Port)  The Birthelace (State of Port)  The Birthelace (State of Port)  The Deceased Name (The OF DEATH  The Decease Name (The OF Death  The Deceased Name (The OF Death  The Decease Name (The OF Death  The Deceas	T. STATE REGISTAR  T. DECEASED NAME (THE CASED

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INDUSTRY 546 Local 21090 Hartman as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred an the date and have and from the causes stated 22r. DATE SIGNED Nov. 4, 1983 BALTIMORE-ANNAPOLIS BLVD. STATE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. DHMH - 16 50M 4/B2 Singleton Funeral Home, Glen Burnie, M (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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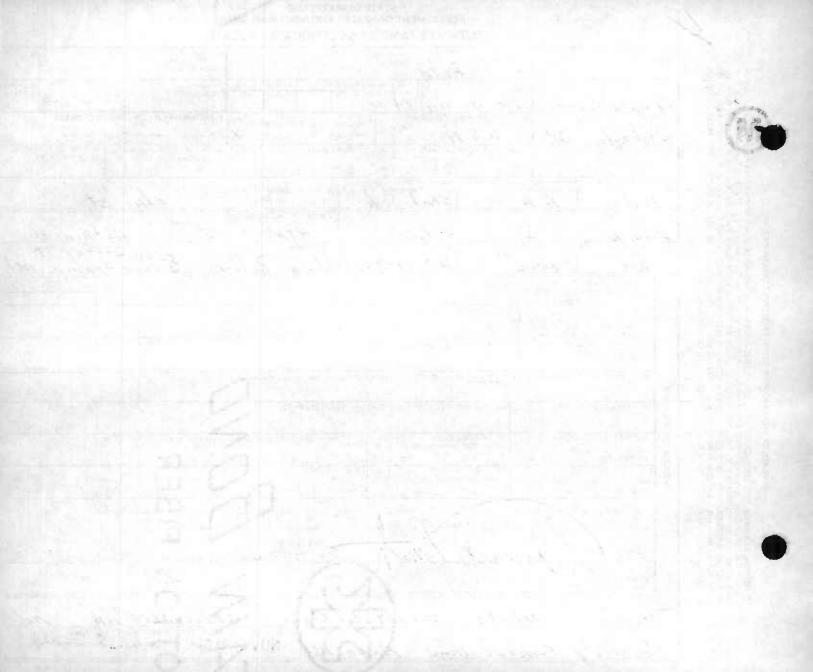
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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IF UNDER 1 YEAR

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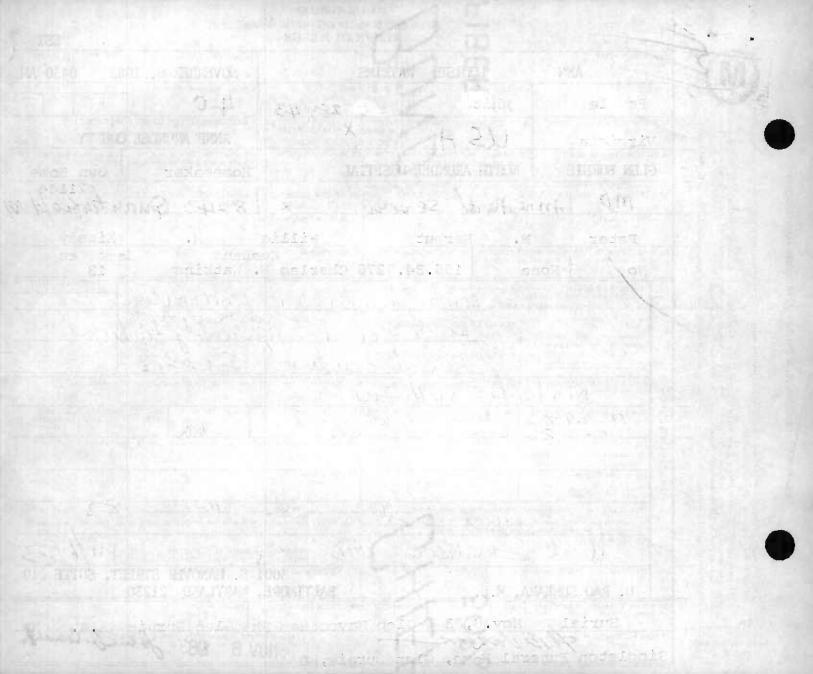
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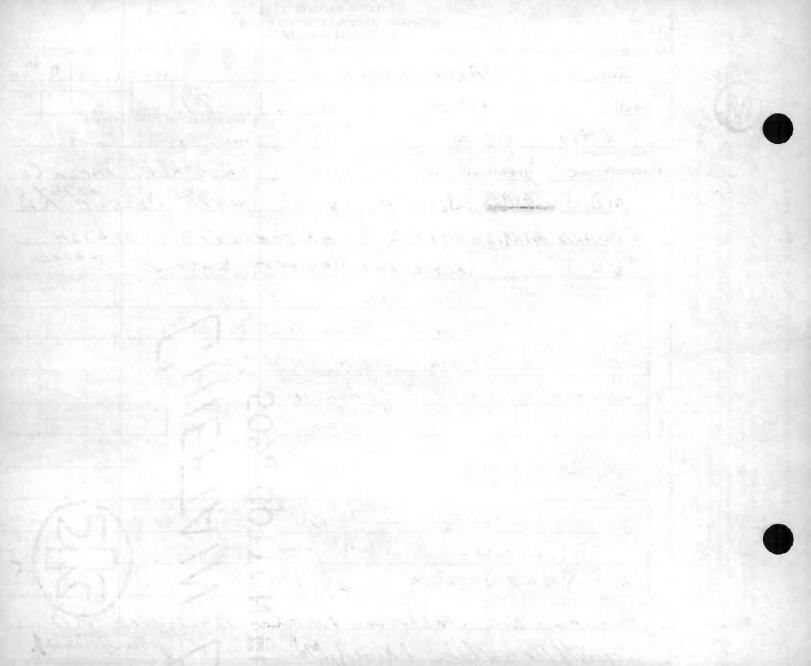
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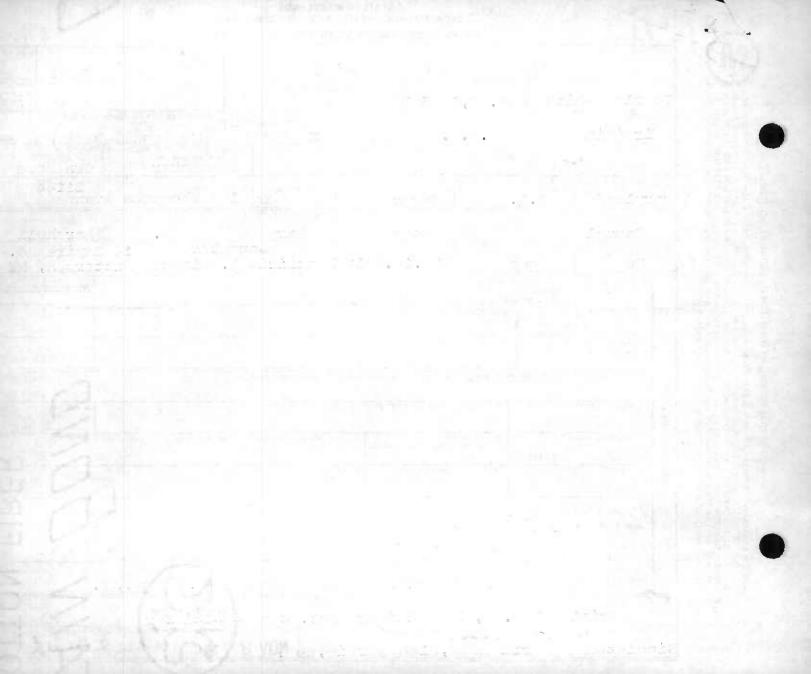


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DHMH - 16 50M 4/B2  24 FUNERAL DIRECTOR  NAME  ADDRESS  A		DHMH - 16 50M 4/82	24 FI	INERAL DIRECTOR	/	, 25a. DAI		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PEG NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Julia Weigle 11 Ann 1983 I SEX 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d, HOUR LAST BIRTHDAY) PRONOUNCED 6:10 Female White 3,1905 Jan. 78 DEAD YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED X DIVORCED Anne Arundel County IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Homemaker Own Home Crownsville Crownsville Hospital JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 113c CITY OR TOWN 21144 13d. INSIDE CITY LIMITS? 145 Thompson Avenue Maryland Severn A.A. NOX YES [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Eaton Samue1 Mary E. Marshall ADDRESS 14 Empire Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. Daughter (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 236.14.7415 Patricia No None A. Bianca Patterson, NY CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X 220 I certify that I taok charge of the remains described above, beld on death resulted from: Suicide Homicide TITLE (SPECIFY) ACTUAL DATE SIGNED 11/6/83 Deputy ChiefAEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATOR Baltimore Nat. Cem Burial Nov. 9,83 Baltimore MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1230 REGISTRAR'S SIGNATURE **DHMH - 17** Singleton Funeral Home, Glen Burnie, MD NOV 8 (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE KNOWN MONTH L HOUR (TYPE OR PRINT) ESTI-DUIS WILLIAMI DEATH MATED DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 2d. HQUR DATE LAST BIRTHDAY) PRONOUNCED DEAD 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED ANEVER MARRIED FOREIGN COUNTRY U. S. A. Pennsylvania Arundel WIDOWED DIVORCED Anne CITY OR TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Railroad Transportation OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI la STATE OUNTY 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Pennsylvania Wesrmoreland 400 Traction Ave. Derry YES 🗌 NOT. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST Clara Francis Hegie Werner 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO TI INFORMANT ADDRES 400 Traction Ave. IYES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) 717-09-6827 Yes WW Derry Pennsylvannia Katherine Werner TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (p) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which yocardid infarctive gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 6 BURL YES [ NO [ 21a EXTERNAL CAUSE WAS 7Th TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 08 70 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 2TF. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection TO MEDICAL EXAMINATION OF THE CERTIFIC PROCESS A SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH BALL MORE, MARYLV death resulted fram Hamicide Undetermined monner TITLA (SPECIFY ACTUAL SIGNATURE MEDICAL EXAMINER 23a BURIAL CREMATION, REMOVAL 23b. DATE 23d. LOCATION 11-29-83 St. Josephs Cemetery Burial Derry, Westmoreland, Pennsylvani 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Marzullo Funeral Service Reisterstown, Md. 20M 4/82

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STATE OF MARYLAND

BEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE CERTIFICATE OF DEATH

REGISTRAR			CERTIFICATE OF		REC	G. NO.		
DECEASED NAME FIRS	T A	AIDDLE	LAST		20. DATE OF DEAT	нтиом Н	DAY YEAR	2b. HOUR
DOI	NALD I	R.	WERTZ	100		11	16 83	1:35
SEX	4 RACE		5. DATE OF BIRTH	WEAD.	6. AGE (IN YEARS LAS	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HI
Male	White		1 20	06	77	YRS.	MONTHS DATS	HOURS M
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED X NEVER	AAA DDIED	9 BALTIMORE CIT		Y OF DEATH	
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CITY OR TOWN OF DEATH		OSPITAL, NURSING	HOME OR OTHER INS	TITUTION	120 USUAL OCCU	PATION	12b. KIND C	F BUSINESS
Annapolis		A A	en. Hosp.		Teacher		Cou	ntv
OUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AL	DMISSION)	TV FIAAITCO	13e STREET ADDRE			
Md.	4/4	Annapolis		NO 🗌	1981 Fai	rfax R	oad 2	1401
FATHER'S NAME	MIDDLE	LAST	15. MOTHER	S MAIDEN NAM				
Charles M.	Wertz	(ASI	Flor	a a	R.	LE.	Rans	som
WAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECURI	TY NO. 17. INFORMA	ANT		DORESS An	napolis	
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27s.1 certify that (I) (this )	hospital) attended the	deceased from	NN	_, 19_5 7	, to	11/6	19_0	that (I) (we)
sow the deceased alive	id not view the Body	attay dooth	ond that in (my)	(our) opinion d	eoth occurred on th	ne date and ha	our and from the	couses stated
77h SIGNATURE	1/		DEGREE				22c. DATE	SIGNED
Verley	mil	A		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	121	5/22
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BURIAL, CREMATION, REMO			ME OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOW	N	COUNTY	STATE
Removal	11/1	16/83				-		

DHMH - 16 50M 1/B1 (VRA 15, 4)

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24 FUNERAL DIRECTOR Anatomy Board

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250	3 SE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR (IN YEARS IF UNDER 1 YR. IF UNDER 24 HR LAST BIRTHDAY) MONTHS DAYS HOURS MIN.	PRONOUNCED T:32
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ASS. S. A.	10.0	ITY OR TOWN OF DEATH	WIDOWED DIVORCED L	Anne Arundel County MD. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS
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4 8 2 2 E	LISLI	Glen Burnie	North Arundel Hospital OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI	nine -
AND 3 PRETAIN HOULD BECORD		TATE 113 COUNT	13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. S	STREET ADDRESS
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IDS, 201 W. PRESTON ST., XECUTED WITHIN 24 HOUJ NG" IN PENCIL IN ITEM 18 BURIAL - TRANSIT PERMIT AND MENTAL INGENE. ATION, OR REMOVAL.		lying cause last.		
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TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH.	1	(TYPE OR PRINT) Mar	garita A. Korell, M.D. ADDRESS 111 Pen	n St., Balto., Md. 21201
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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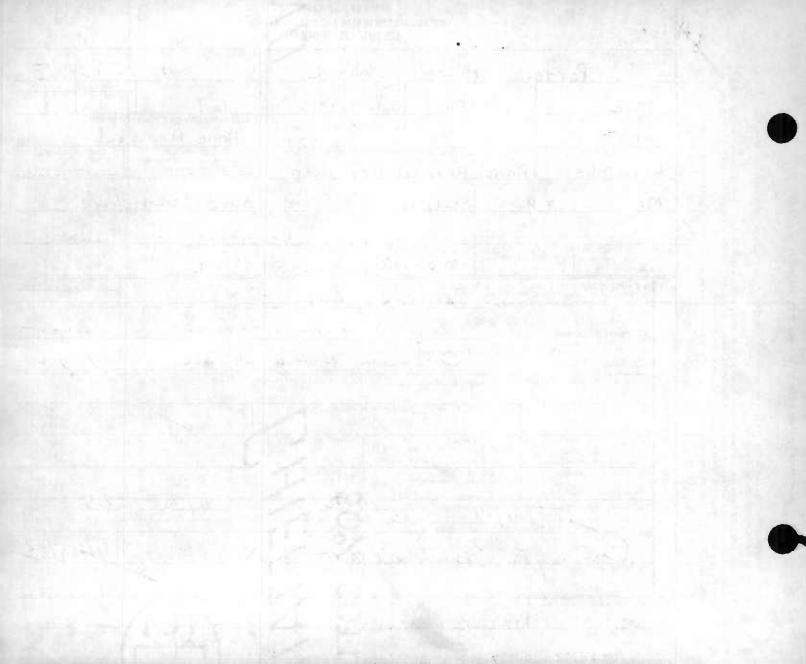
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24 FUNERAL DIRECTOR

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